MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2531 CERTIFICATE OF DEATH

119510

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PLACE OF DEATH a. COUNTY	Wicom	ico	MARYLAN		USUAL RESIDENCE (WIN	land	lived. If institution b. COUNTY	on: Residence	comic	ission)
b. CITY OR TOWN (I RURAL and give no	oresi fown)Salis	bury	NGTH OF STAY IN 1	Ь	c. CITY OR TOWN (IF of Eden		rate limits, write R	URAL and gi	ve nearest ta	wn)
d. NAME OF HOSPIT OR INSTITUTION	Pen.		ospital	1	d. STREET ADDRESS R. D.	# 2			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	HAYWA		Middle LEE		BANKS	4. DATE OF DEATH	Man FE		10th	Yeor 58
Male Male		WIDOWED 🔲	DIVORCED	J	an. 28, 191		9. AGE (In years last birthday) 4 1 yrs.		YEAR IF UN	-
Paint 1'ng	ON (Give kind at work d king life, even it retired)	Hous	of Business or in e Painti		Fruitlan			12. CITI	S A	AT COUNTRY
13. FATHER'S NAME John	Franklin	Banks		1.	Alvertia		nley			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. SOCIA	L SECURITY NO.	Info	May Ba	nks(wife) H	.b.#	2 Ede	n, Md.
	TH [Enter antly one cau. TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Ban	(0), (b), and (c).]	er	healegu	west			INTERVAL ONSET AN	BETWEEN ID DEATH
Canditians, if a gave rise to it cause (a), stating lying cause last.	mmediate the under (c)	The second secon								
CATIC					RELATED TO THE TERMIN			EN IN PART	PER	S AUTOPSY FORMED?
U (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE 1	HOW INJURY OCCU	RRED. (E	nter nature of injury in P	art I or Part	II of ilem 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Yea	While h	OCCURRED 20e.	PLACE factory	OF INJURY (Home, form, street, affice bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
21. I certify the glive on	at I attended the	N			00	DORESS (SI	the causes of reel, city or town?	and on the	e date sta	
PHYSICIAN'S DE NAME (Type) DE 220. BURIAL, CREMATIO	.William				4 Camden				. Feb	11/
REMOVE (SOLE)	1 Feb.13,	1958			y Cemeter	y R.I	D.# 2 E	den,	Maryl	and
23. FUNERAL DIRECTOR' HOLLOWAY			LISBURY,	MAI	RYLAND FEB 1	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 y the funeral director, at 2 shauld be filed with pined by the haspital ar attending physician.

IRECTOR: After this certificate has been signed by the attending physician and completely filled to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I in priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

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TO FUNER

VS A15 (4) 15M 9/55

the registrar

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BUREAU V. S.

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MERRINGA

2532 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Maryland Wicomico b. COUNTY Wicomico bleCity OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest low Sallsbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION Ten. Gen. Hospital 425 Truitt St YES NO P NAME OF Middle 4. DATE Month DECEASED HARVEY LEE BEAHM FEB. 16th (Type or print) 6. COLOR GERACE 7. MARRIED W NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years lost birthdoyl Months Doys Male October 22,1916 WIDOWED [7] DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Salesman - (Pillsbury Oak Park, Virginia 13. FATHER'S NAME Charles H. Beahm Daisey Mrs. Evelyn M. Beahm (Wife) 425 Truitt St. Salisbury. Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) hove rise to immediate DUE TO couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPS' PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that lightended the deceased from 19.58, 10_7/ 10 193 that I last saw the deceased , and that death accurred at 5:50PM, from the causes and an the date stated above. 0 DATE SIGNED ACTUAL PHYSICIAN'S Dr. Henry A. Briele Medical Center Salisbury, Md. Feb. registror FUNER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, Salisbury, Maryland Feb. 19:1958 Wicomico Mem. Park 0 ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR HOLLOWAY & COMPANY - SALISBURY MARYLAND DATE FEB 1 9 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. E.

FEB 19 1958

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2594	CERTIFICA	ATE OF DEATH	Reg. Dist.	U4010
DIACE OF DEATH Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceases o. STATE Mountain		
b. CUTY OR TOWN (Ill autside corporate limits, write c	LENGTH OF STAY IN 16	e. CITY OR TOWN (II) outside carpo	cate Amits, write RURAL and giv	e nearest lown)
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	tress)	d. STREET ADDRESS	D.	ON A FARM? YES P NO
NAME OF DECEASED (Type or print) //ELLIE (TLEVEL	AND BUN TOLATH	16 Fell	Day Yeor 5 195 8
female Whill WIDOWED,		Kly30/885		YEAR IF UNDER 24 HRS. Pays Hours Min,
00. USUAL OCCUPATION (Give kind of work done 10b. Kit dyring most of working life, even if retired)	nd of Business or indu	& mondos	-d 2 2	EN OF WHAT COUNTRY?
William J. Bas	ker	white and the comments of the	Parso	cri
5. WAS DECEASED EVER IN U. N. ARMED FORCES? 16. SO 191. no. or unknown) 11 yes, give from or dollar of service)	CIAL SECURITY NO. 17. 11	Lee Bunte	ng Willow	rds Ind
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	far (o), (b), and (c).]	a Spremperis		ONSET AND DEATH
Conditions, if any, which) (b) Our	may Ac	Perores		2/4 40
gave rise to immediate couse (a), stating the under-lying cause tast. DUE TO	đ			0
PART II. OTHER SIGNIFICANT CONDITIONS COT	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING IT CAUSE OF DEATH	BE HOW INJURY OCCURRE	D. (Enter noture af injury in Port 1 or Port	It of item 18.)	
Hour a.m. While	Not white of wark	ACE OF INJURY (Home, form, 20f. (City ctary, street, affice bldg., etc.)	ar town) (Co	unty) (State)
21. I certify that I attended the deceased alive on 5 Feb 58 195	from from and that death	accurred at 3:30 M. from	195 that I la	st saw the deceased
SIGNATURE HRUMANA	Caller		reet, city or tawn, state)	DATE SIGNED
PHYSICIAN'S NAME (Type)				. 10 - 10 in
THE BURIAL CREMATION 22b. DATE THE BOF	Touchel	R CREMATORY 23d JOCAT	TON TETY, Town, or country	Marie (State)
FURTHER PRACTICES OF ATURE OF THE SECOND SEC	LEPORESS VILLE	DATE FEB 1	1 0 0 0 R 4 Z	IATURE
	1			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BECEINED

LEB IO 1328

BUREAU V. S.

2533 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary and o. COUNTY b. COUNTY MARYLAND Wicomico deoth. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 be c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) ploods Weeks Shurv d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A SARM? d. STREET ADDRESS 90 OR INSTITUTION pronghi Sanitarium YES NO NAME OF Middle 4. DATE Last Manth Day Year DECEASED OF DEATH (Type or print) Violene Bunting Fah 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthday) Months Days Hours Female WIDOWED I DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Housewi carbon 13. FATHER'S NAME 14. MOTHER'S, MAIDEN NAM physician remove 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. 90 CIAL SECURITY NO. 17. INFORMANT Address ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ERVAL BETWEEN ONSET AND DEATH ╗ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) dere DUE TO 20 any Conditions, if any, which ! gned gove rise to immediate in **DUE TO** couse (a), stating the underpuo lying couse lost. burial-transit been PART II. OTHER SUMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, 00 PERFORMED? YES T NO. PT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificole 20c. TIME OF INULIRY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) Day, Year (State) (County) factory, street, office bldg., etc.) 0. (1) While Not while al work at work p. m. Feb. 61958 that I last saw the deceased 21. I certify that I attended the deceased from alive an and that death accurred at M, fram the causes and an the date stated above RECTOR: be detach ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S the registror Salishur NAME (Type) FUNER 220 SURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF/CEMETERY OR CREMATORY pode EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIQUATURE ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE **VS A15 (4)** 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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The second of the

BUREAU V. S.

FEB 21 1958

DECENTED

Wicomico Memorial

ADDRESS

HOLLOWAY & COMPANY - SALISBURY MARYLAND DATE FEB 2 8 '58

Park

240. REC'D BY REGISTRAR

Feb. 27, 1958

23. FUNERAL DIRECTOR'S SIGNATURE

Salisbury, Maryland

245 REGISTRAR'S SIGNATURE

Whench

il director, filed with ofter death; Page 4 funeral be 0 C puo requires that þ signed FUNER 3 0

DERTIFICATE OF DRATH William Substantine The Co. Milliam Co. BUREAU V. 8361 88 834 INECEDAL. FOR STATE HEALTH DEPT.

director, please director. Page for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute. The relificate, writing the word "pending" in pendit in frem, 18. Give Pages 1, 2, and 3 to the first device that it is a should be used to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNER or 2018 ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 lights, after death.

BE A1588 5M 2/57

#	Ίt	em 18 Film	MARYLAND S	f		H-BALTIMORE, 18 TE OF DEATH Reg. Dist. No.	2521
T.	-	LACE OF DEATH	4000		2 USUAL RESIDENCE (V	Where deceased lived, if institution: Residence befor	e odmission?
		. COUNTY	Wicomico	MARYLAND	O STATE NO	land b. COUNTY Wicom:	
,	b	CITY OR TOWN (If autic	de carparate smits, write RURAL	E LENGTH OF STAY IN 16	c CITY OR TOWN (H	Fourside corporate limits, write RURAL and give nea	790
		aun dies uspiers sowel	Salisbury		/? Sel4	sbury	
	d	L NAME OF HOSPITAL C	OR INSTITUTION (If not in hosp	olal, give street address)	d STREET ADDRESS		IS RESIDENCE
		D.O.A. a	Pen. Gen. Ho		/ 318	11 3 01	ON A FARMS
	3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month Day	Year
	(Type or print)	ELSIE	E	CARTER	DEATH FEBRUARY 1	19 58
1	5. S	EX 6	COLOR OF RACE 7 MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE IN YOUTS IFUNDER TYEAR IS	UNDER 24 HR
1		Female	White WIDOWED		March 9,19	114 43 yrs Months Day	fours Min
1	100	USUAL OCCUPATION (Give kind of work done 106. KI	IND OF BUSINESS OF INDUST	RY 11 BIRTHPLACE (Stote		WHAT COUNTRY?
	d	urging most of working life	k at Home	None		Co. Maryland U S	Δ
	13	FATHER'S NAME	A CO HOME	110116	14. MOTHER'S MAIDEN I		A
			forst on Dutan	-11			
	16	WAS DECEASED EVER IN	darion Drisco		Ida May		
	[Yes,	No No or entrewn) It ye	sy 8-we wat at dates of service]	OCIAL SECURITY NO. 17. IN	L. Tharst	on Carter (Husband) 31	8 Wood
		1/10			St. Sali	sbury Maryland	
		·	Enter only one couse per line to	or (a), (b), and (c)]		INTERVA ONSET A	L SETWEEN AND GEATH
		PART I. DEATH V	VAS CAUSED BY: Gastr	ic hemorrhage			
		322.0	DUE TO				×
		Conditions, if any,	which) as Acut	e gastritis			
		gave rise to immediate	couse	T. D. C. L. C.	Table and Advantage		
		(o), sloting the unde	iriying [e alcoholism		and the second	
	z	PART II. OTHER S			OT RELATED TO THE TERM	NALDISEASE CONDITION GIVEN IN PART 1(6) 19.	WAS AUTORSY
	CATION						PERFORMED?
*	5	200. EXTERNAL CAUSE V	A/A¢ 20L DESCRIBE	HOW BY HIN OCCURRED IF	- A		иож
	CEPTIFI	PRIMARY TO TONTRI	BUTING []	HOW INJURY OCCURRED LE	oter noture of injury in For	Flor Fort II of Hem 18)	
	WEDICAL	20c. TIME OF INJURY Hour a, m,	Manth, Doy, Year 20d In White		E OF INJURY (Home, farm ry, street, office bidg., etc.	(County)	(State)
	KE	p. m,		k ol work			
		21. I certify that	I took charge of the re	emains described above	re, held an Autops	y , Inspection X, Inquiry X.	and in my
		opinion death ress	ylted from: Natural g	auses . Accident [7. Suicide [7.]	Homicide	П
				10	<u>, , , , , , , , , , , , , , , , , , , </u>	The state of the s	
2		ACTUAL	Intich	Jana /	CHIEF MEDICAL EX	CAMINER [7]	ATE SIGNED
(mile		SIGNATURE /	y in	7	ASSISTANT MEDICAL D		
		EXAMINER'S	Philip Tool			7-1	1958
	37.	NAME (Type) Dr.	•	¥	DEPUTY MEDICAL		7
	440	REMOVAL (Specify)		224 NAME OF CEMETERY OR		22d LOCATION (City, town, or county)	(Stote)
	0.0		Feb.5,1958		metery	Salisbury, Maryland	- who is an
		FUNERAL DIRECTOR'S SI		ADDRESS	240. REC'	D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
X	H(JLLOWAY &	COMPANY - SA	LISBURY, MA	RYLAND DATE	The Day of the second	
V .	-				FEB	5 50 0007	



BUREAU V. S.

VS A15 (4) 1SM 9/55 H

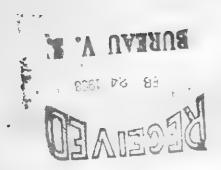
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MAR	YLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
í	2520	•	- ,	*		· ·	
	2530) (ERTIFICATE	OF	DEATH		

02522

			Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY WICOMICO
b. CITY OR TOWN RURAL ond give r	(If outside corporate limits, write learnest town Sallsbury	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) / & Salisbury
d. NAME OF HOSPI OR INSTITUTION	Spring H1	oddress)	d. STREET ADDRESS 220 Record St e. IS RESIDENCE ON A FARM? YES \(\) NO (X)
3. NAME OF DECEASED (Type or print)	First WALTER	Middle SCOTT	COLLINS 4. DATE Month Doy Yeor COLLINS DEATH FEBRUARY 19th 19 58
s. sex Male	White Widows	DIVORCED [B DATE OF BIRTH April 1,1876 9. AGE (In years 15 UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.
netired	ON (Give kind of work done 10b rking life, even if retired) Ret	kind of Business or Indu	
Joseph 1	Mitchell Coll:	lns	Martha Mills
NO NO OF UNPROWED	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO. N.	r. Albert E. Parker (Nephew) R.D.# Salisbury, Maryland
	ATH {Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	AR 10 V/3	COLAT RENAL DISEASE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to couse (o), stoling lying couse lost.	the under- (c)	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
PART II. OT	AS UNDERLYING 20b. DESC 3 CAUSE OF DEATH MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	PERFORMED? YES NO Y Conternature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJUI		Not while fa	ACE OF INJURY (Home, form, ctary, street, office bldg , etc.) 20f. (City or town) (County) (State)
21. I certify the alive on	1 attended the decease 2-18 195		n accurred at 455PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. BAISLUTY M & 2/21/18
PHYSICIAN'S DI	r. Philip A.	Insley (Ma	ain St. Salisbury, Maryland Feb. /5
220. BURIAL, CREMATIC REMODICAL SPECIAL	l Feb.21,1958		or CREMATORY 22d LOCATION (City, town, or county) (Stote) nily Cemetery Merritt Mill Rd. Sal. Md.
HOLLOWAY	's signature & COMPANY - S	ADDRESS SALISBURY MA	ARYLAND DATE FEB 2 4 '58
			2211



		2	231	CERTI	FIC/	ATE OF DEATH	1		Reg. Dist	No.	
1. P	COUNTY	Wicomico)	MARY	AND	2. USUAL RESIDENCE (WIN	land			omico	sion)
b	CITY OR TOWN (II RURAL and give ne	Salisbus Salisbus	is, write	LENGTH OF STAY	N 1b	city or town (IF.) /7, Sali	olside corp Bbur		JRAL and giv	e nearest faw	n}
d -	OR INSTITUTION	Pen. Ger				d. STREET ADDRESS 210	s. T	ruitt Si	t.		SIDENCE FARM? NO X
D	IAME OF ECEASED Type or print}	CARI		Middle M	,	COLONNA	4. DATE OF DEATH	-	. 9		19 58
5. SI	Female	White	WIDOWED			s. DATE OF BIRTH Sept. 9,189	W.	9. AGE (In years lost birthday) OZ yrs	Months D	YEAR IF UND	ER 24 HRS, Min.
100.	dwing most of work House	N (Give kind of work in his life, even if retired OTK	done 10b KI	None	RINDU	STRY II BIRTHPLACE ISTOLE Crisfiel		country) [aryland	12. CITIZ	U S	
13. F	Addison	F. Dryde	en			Mary Ann	a Ri				
15. V (Yes.		R IN U. S. ARMED FOR If yes, give war or dotes of s		OCIAL SECURITY NO	Mr	Dryden A. Ave. Sal	Colo 1sbu	nna(Son	" 311 land	E. C	olleg
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	6 h	for (0), (b), and (c).	ial	· Infaicte	m			INTERVAL BI ONSET AND	DEATH
	*Conditions, if or		Ver	mary	ar	ter Dises	col			234	,
	gove rise to a couse (a), stating lying couse lost.		, Ca	rdice.	Ce	eory				23/2	-0
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM!	NAL DISEA	SE CONDITION GIV	EN IN PART	PERFO	AUTOPSY DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	18E HOW INJURY OF	CURRE	D (Enter noture of injury in f	Port 1 or Po	rt II of item 19 }			
MEDICAL	Hour o. m. p. m.	Y Month, Doy, Yes	or 20d tNJ While of work	URY OCCURRED Not while of work	20e PL fo	ACE OF INJURY (Home, form clory, street, office bldg, etc.)	20f (Cil	y or town)	(Co	unty)	(State)
	* *	at attended the	deceases			, 1956, ta	14	9 1950	-•	ist saw the	
	ACTUAL SIGNATURE	Filliam	1900	and that	deoth		ADDRESS (m the couses of street, city or toward factors.	stole}		ed obove. ATE SIGNED
	PHYSICIAN'S D NAME (Type)	r. Willia		Gŕay		334 Camden	Ave	.Salisbu	ry, M	d Fel	0.11/
220.	BURIAL CREMAT O REMOVAL ISPECTAL	Peb.12			-	Mem. Park	Sa1	tion (City, town, o	Mary		le}
	OLLOWAY	s signature & COMPAN	Y - S	ADDRESS ALISBURY	M.A	ARYLAND PATE	4 '58	TRAR 246. REGIS	Such	NATURE	

VS A15 (4) 15M 9/55

Endevn A. S.

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TO FUNERA ECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, at remayal, and in any event within 72 hours after death. ofter death. Page 4 1. PLACE OF b. CITY O RURAL MAME TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours NAME OF DECEASED (Type or p S. SEX 76" 10a. USUAL Control of Relicion 13 FATHER'S 15. WAS DEC 18. CAL Condi gave catte lying c CERTIFICATION 20o. ACC OR CON (IF EITHE MEDICAL 20c. TIMI 21. I c alive o ACTUAL PHYSICI. 220 BURIAL 23 FUNERAL VS A1\$ (4) 15M 9/55

2	538	CERTIFICA	TE OF DEAT	Н	Reg. D	112524 ist. No.	1
WICOMIC	d	MARYLAND	2. USUAL RESIDENCE (W. O. STATE)		If institution Reside	nce before admission	
R TOWN (If outside corporate lir and give nearest town) SOUR!	nits, write c. LENG	ctay.	Leil	outside carporate limit	s, write RURAL and	71. 5	/
	ERAL H	65ATAL	302	encot	nar	e. IS RESIDE ON A FA YES N	RM?
orint) Lee	irst W	Middle &	CLLEN	4. DATE OF DEATH -0	by UARY	Day Year	58.
le WHITE	WIDOWED	DIVORCED [6-11,188-	7 73	yrs Months		Min
OCCUPATION (Give kind of wart nost of working life, even if retire NAME	di Paul	BUSINESS OF INDUS	Hon	ida	12. 0	IS OC.	OUNTRY?
Beser IN U. S. ARMED FO	ly Cu	Cler ECURITY NO 17. IN	14. MOTHER'S MAIDEN	Eller	Hispania Address	Hey	
(If yes, give wor or date of	herrice 7/7-	7-9213	Maul	Jalle	~ Del	They X	el
ISE OF DEATH [Enter only one of ART I. DEATH WAS CAUSED BY:	Clark.	(b), and (c)]	ten /2	rombos	is	ONSET, AND DE	
rise la immediale (NIET	by Covi	way C	Olleroso	lerosis		nkun	4
ouse last. OTHER SIGNIFICANT CO	(c)NDITIONS CONTRIBU	ITING TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PA	RT 1(0) 19. WAS AUT	OPSY
CIDENT WAS UNDERLYING THE TRIBUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury in	Port I or Part II of ite	m 18.)	PERFORMI YES N	
OF INJURY Month, Day, Y ur a.m. p.m. 19	ear 20d INJURY O		CE OF INJURY (Hame, far ory, street, affice bldg., et		<u> </u>	(County)	(Slote)
ertify that I attended th	e deceased from	and that death	~ N	M from the c		last saw the de the date stated	
Muid >	Folium	N	o Jalisi	ADDRESS (Street city			SIGNED
AN'S (ypo)						,	
CREMATION. 226. DATE THERE	58 1	ME OF CEMETERY OF		226 LOCATION (CIP	y, town, ar county)	Level (State)	
DIRECTOR'S SIGNATURE	20 - Llet	oness	PATE DATE	D BY REGISTRAIT	4b. REGISTRAR'S S	GNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CECEIVED AND THE PROPERTY OF T

1 %		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	L	2539 CERTIFICATE OF DEATH Reg. Dist. No. () 2525
I director	1.	PLACE OF DEATH a. COUNTY WICOMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MARYLAND MARYLAND MARYLAND
funerol fuld be f	5	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ALISOUR C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
the the sho	V	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR IN
filled of		NAME OF DECEASED Copy (Type or print) Record Print Per Name Day Year OF DEATH FEBRUARY 13, 1958.
npletely ers. Po	1	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MARRIED NEVER MARRIED DIVORCED
and components of death.	L	USUAL OCCUPATION (Give find of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPPACE (State or threign country) WELL OR FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rifficate be exphysicion and physicion and phous ofter d	L	HERMAN DAVIS LENA MARVICK
8 B 2 C	(Ye	VES (WW 11) MRS. DAVIS SAME
the deoth te attendir hen pleose not within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My Couchal Pufacet, acuto I day I day
es that ed by th rmit. Ti ony eve		Canditions, if any, which are to immediate to the control of the c
cion. en sign snsit per	z	COSSE (a), stating the under- lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY
The love of physical	CERTIFICATION	PERFORMED? YES \(\) NO \(\overline{\mathbb{Z}} \)
offending the bon, or n		OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or this ce for use cremotic	MEDICAL	Haur a. m. 19 While Not while at wark at work
rendin the hosp R: Affe toched buriol,		21. I certify that I attended the deceased from Z-12, 1958, to Z-13, 1958, that I last saw the deceased alive an 2 13, and that death accurred at 10 17 M, from the causes and on the date stated above.
OR ATTI		ACTUAL SIGNATURE Willew 2. Ellis M.D
ERA ERA 3 show		PHYSICIAN'S NAME (Type)
O HOSPII may be r o FUNER, page 3 sh lhe regist	L	PENDINAL CREMATION 226, DATE THERPOF 22c. NAME OF CEMETERS OR CREMATORY 220 TOCATION (C ty. town, or county) (5106)
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SALSBURY MO DATE 240. REGISTRAR'S SIGNATURE SALSBURY MO DATE
		Buttge C' Trees "

POUTED A &

UEALLIAN I

ADDRESS

24g REC'D BY REGISTRAR.

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3. FUNERAL DIRECTOR'S SIGNATURE

thot

Endern V. E

WEATON

Feb.11,1958

ADDRESS

SALISBURY.

23 FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

Spring Hill Mem. Gardens R.D. # Salisbury, Maryland

246 REGISTRAR'S'SIGNATURE

246-PRCIP BY REGISTRAR

VS A15 (4)

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177 - 1951 FEB 14 175 this this

VS A15C 1-55 10M~

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2542 CERTIFICATE OF DEATH

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Ttem	9 153 mg226	3-17-58 et	Keg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	SED.
COUNTY L'ILL MILL	MARYLAND	STATE F 17	COUNTY (Hemile
	NGTH OF STAY		e limits, waste RURAL and give	noerest town)
OR and give nearest town) TOWN	(io this place)	TOWN Sal	wileur	mil
HOSPITAL OR INSTITUTION OR	1	STREET ADDRESS	(If rural give location	on)
STREET ADDRESS		2/1	Deene a	ene
3. NAME OF (First) (Middle (Type or Print)	Show	nas Douglas	4. DATE (Month) OF DEATH 2	(Day) (Yeer) 7 1958
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DYORCE (Spring) January	ief De	C 25, 1786		IDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
dans during most of working life, even if chiraci Criman	19.	Stocklon	ma	COUNTRY! Ar
13, FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
James Greetise		1		
	IAL SECURITY NO.	17 INFORMANT & ADI	DRESS	
(Nes, no, or unk.) (If Yas, give wer or dates of service)	ne	Cenni	e Kows	Lees,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	B. MEDIGAL CE	RTIFICATION		INTERVAL BETWEEN
449 IMMEDIATE CAUSE (A)	from	ic Ital/	Lee ral	2 Spale
ANTECEDENT CAUSE(S) DUE TO	- Vinney		stem of a	rd.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		Thy pen	cuscon	wep.
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1.01.7	10/		- 3
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	ymun	-		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OF	ERATION			20. AUTOPSY?
Lane.				YES NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm OR CONTREUTING CAUSE OF DEATH OF INJURY streat, office by FETHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town) (C	ounty) (State)
	Y OCCURRED	21f. HOW DID INJURY OCCUR?		
M. at work	Not while			-
22. I hereby certify that I attended the deceased	11	15, 19,5 C., 10 Kell	//,, 195.8, tha	t 1 last saw the deceased
alive on Yall T. 19 5 and that	death occurred at	M, from the cau	ses and on the date st	ated above.
BIGNATURE//		ADDRE	SE (Streat, city, lowe) state)	DATE SIGNED,
M. Donelly	. M.D.	Laliebe	in her.	2/11/008
23. BURIAL, CREMATION, DATE THEREOF	ME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, or cou	inty) (State)
1sural 2-11-5-8 42	correct	une 1	11 K	151
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIC	SNATURE / / V	ADDRESS
DATE FEB 1 & '58		Droker 9	Mellel.	



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	L	2543 CERTIFICATE OF DEATH Reg. Dist. No. (12524)
filed with	1.	PLACE OF DEATH a. COUNTY Wicamica MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND MARYLAND
unerol Id be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fine fine fine fine fine fine fine fin		d. NAME OF HOSPITAL of not in hospital, give street address) OR INSTITUTION OR AN
illed i	3.	NAME OF DECEASED (Type or print) Noah Middle Lost 4. DATE Month Day Year OF DEATH TEDRUGIN 1958
a winnin letely fi s. Page	S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UKSDER 1 YEAR IF UNDER 24 HRS Institute Instit
d comp	10	D. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Town Ussquire Ussquire USST
takbon ond offer de	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME P
g physician removers off	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT St. no. of unknown) (If yet, give wor or dates of service) 2/2-/2-348/ Warny Doubning - Pecamoka, mid-
attending on please re t within 72		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
by the it. The ty even		Conditions, if ony, which) (b)
equires aigned at perm ad in ag		gave rise to immediate costs (o), stating the <u>under-language</u> [lying couse lost. Cc. Cc.
physicia as been ial-trans aval, ar	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO A
AN: It ficate h ficate h the bur ar rem	CERTIFE	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of ar ath his certi- use as smation,	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While of work at work
After the After		21. I certify that I attended the deceased from
ATTER d by the ECTOR: or defactor or to bu		ACTUAL SIGNATURE Weller & Golden Approximation (Sirver, city or town, state) ADDRESS (Sirver, city or town, state) ACTUAL SIGNATURE TM.D.
TAL ON THE PHILAD		PHYSICIAN'S NAME (Type)
may be page 3 sthe regis	27	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
YS A1S (4)	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE EED 2 1 158
tairs 77 Ja	E	



LTH-BALTIMORE, 18 02531 2545 CERTIFICATE OF DEATH Rea, Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY o. STATE B 6. COUNTY MARYLAND RCJSTED OMIC ero c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 8 RURAL and give nearest town) D GRLIN. ALIS BURI d NAME OF HOSPITAL (If not in hospital, give treet address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF DEATH 1952 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED M B. DATE OF BIRTH 9. AGE (In years last birthday) Days Hours WIDOWED [7] DIVORCED [7] yrs 2. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediale DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TI NO D 20b. DESCRIBE HOW INJURY OCCURRED, (Enter parvie of injury in Part I or Part (I of item 1B) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of wark 21. I certify that I attended the deceased from LLC ____, 1920_that I last saw the deceased , and that death accurred at July M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Any be 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) VERGREE IV BERL 0 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR ADDRESS* 246 REGISTRAR'S SIGNATURE VS A15 (4)



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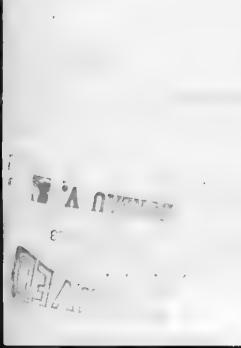
TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNER

02530

Reg. Dist. No.

1, PLACE OF DEATH a. COUNTY	omico	MARYLA			NCE (When		lived. If instituti b. COUNTY		e before o)
b. CITY OR TOWN (If autside		c LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL and give nearest to	wn)				Parso				110142		
Salisbu d NAME OF HOSPITAL (If no		10 mos.		d STREET AD			0		Ta I	S RESID	FNCE
OR INSTITUTION			/	O OTREET FIELD	Rout	e 2				ON A F	ARM?
3. NAME OF	ad State Ho	Widdle Widdle				I. DATE					
DECEASED (Type or print)	Amanda	Leona		Downs		OF DEATH	Febru		20	Yes	1.00
		RIED NEVER MARRIED		TE OF BIRTH						19	
	hite woow		i ji	ly 16,	1885		9. AGE (In years last birthday) 72 yrs.	Manths	Doys H	OUTS	Min.
10a. USUAL OCCUPATION (Giv. during most of working life.	e kind of work done 10b. exen if retired)		INDUSTRY						ZEN OF V	VHAT C	DUNTRY?
	House Wol	k_at Home					Dubois)	US.	k.		
13. FATHER'S NAME	T		14	. MOTHER'S M							
	Russell Lyd			H	annah	Jane	Palmer	Pa	arso	nsb	urg
15. WAS DECEASED EVER IN U. (Yes. no or unknown) ; (If yes, go	S. ARMED FORCES? [16, re-wor or dates of service)	SOCIAL SECURITY NO.	MINFOR	M'Seph	L.D	owns	(Husbar	tt) R. I	D.#2	XX	
No		-	Deer	's Hea	d Hos	pital	Records	, Sal:	isbur	y, I	id.
18. CAUSE OF DEATH [En		ne for (a), (b), and (c).]							INTERV	AL BETW	EEN
PART I, DEATH WAS	S CAUSED BY: DIATE CAUSE (a)	Uremia								. mo	
	DUE TO										
Conditions, if ony, whi		Pyelonephi	ritis						1	yr.	•
gave rise to immedia cause (a), stating the <u>und</u>											
lying cause last.	(c)										
PART II. OTHER SIGN	NIFICANT CONDITIONS	ONTRIBUTING TO DEATH	TON TUB	RELATED TO T	HE TERMINA	AL DISEASE	CONDITION GIV	EN IN PART	1(a) 19 \	VAS AU	TOPSY
3		Chronic ost	teomy	elitis						5 6	
PART II. OTHER SIGN 200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU IF EITHER, NOTIFY MEDICAL	ISE OF DEATH!	CRIBE HOW INJURY OCC	URRED. (Er	ter noture of i	njury in Por	ri I ar Part	II of ilem 18)				
	th, Day, Year 20d. I	NJURY OCCURRED 20	e. PLACE O	OF INJURY (Ho	me form	20f (City	or town	15	ounty)		(State)
Haur o.m.	While	Not while	factory,	street, office b	ldg., etc.)	ar (any	or rowing	(0)	Jonly		(arane)
			25	22 52		3	00				
21. I certify that I a											
alive on Februar	Y-1-209 12-	58_{-} , and that d	eath occ	urred at 1					e date :		
ACTUAL SIGNATURE	Iralda	1 .					eel, city or town. _Marry-Lan	*	2/2	n / ಪ.ಕ	SIGNED
SIGNATURE	W. C. C.		M.D.		~~~~~	~ · · · · · · · · · · · · · · · · · · ·	- Address of the second			91.20	·
	. V. Maldve				er's	Head	. State	us ita	al		
	eb.24,1958	Bethel C	RY OR CRE	MATORY 1 Ceme	tert	Ral	ston, Mo	county)	D.#	Par Ma	sons
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS			4a. REC'D I	BY REGISTR	RAR 24b. REGIS	TRAR'S SIGI	NATURE	1111	-
HOLLOWAY & C	OMPANY - S	SALISBURY	MARY.	LAND 0	ATE FR	5.158	Pole	00110	4		



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MARYLAN		ENT OF HEALTH	-BALTIMORE, 18	-0.2532
25	95 CERTIFICA	ATE OF DEATH	Reg. Di	
PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2 USUAL RESIDENCE (Who	ere deceosed lived. If institution: Resident and b. COUNTY W10	ce before admission)
b. CITY OR TOWN (If outside corporate limits, wring RURAL and give nearest town) Parsonsbu	c LENGTH OF STAY IN 16		erside corporate limits, write RURAL and onsburg	give nearest town)
d NAME OF HOSPITAL (If not in hospital, give str		STREET ADDRESS U.S.	Route #50 at Ho	Me e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print) ELIJAH	RUFUS	ENNIS	4. DATE Month Pebruary	3rd 1958
76-7-14-	ARRIED NEVER MARRIED DIVORCED DIVORCED	April 6,18	ost birthday) Novel	1 YEAR IF UNDER 24 HRS. Dey7 Hours Min
On. USUAL OCCUPATION (Give kind of work done) during most of working life, even if relived) Retired Merchant(Ope	ob. KIND OF BUSINESS OR INDUS	Store) Wicor	r fareign country) 12. Cit	USA
Samuel H. Ennis		Sarah E. 1	· · · -	
15, WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes, no or unknown] [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 17. II	George W.E. Parsonsburg	nnis(Brother) Bo r. Maryland	x# 44
PART I. DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (o), stoling the under lying couse lost.	Lybotter is	reardition.		INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
PART II OTHER SIGNIFICANT CONDITION TWILD LIFE AT THE 200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1	ago resultrais	infaulyous ital	T (o) 19. WAS AUTOPSY PERFORMED? YES NO NO
Hour o.m.	d INJURY OCCURRED 20e. PL/	CE OF INJURY (Home, form, tory, street, office bldg, etc.)	20f. (City or town)	County) (State)
21. I certify that I attended the decorative on 1.			M, fram the causes and an fi	last saw the deceased he date stated abave. DATE STONED
PHYSICIAN'S Dr. Frank R.		Willards, Mai		. 3 1958
		crematory urg Cemeter	Parsonsburg	Maryland .
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY6S.	ALISBURY, MARY		BY REGISTRAR'S SIGNATURE OF SIG	GNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH 2548 Rea. Dist. No. director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND UFFOMIAN b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) towns c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) #d STREET ADDRESS e. IS RESIDENCE OR INSTIBUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Day Year (Type or print) DEATH 19 57 SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (in years last birthday) Months Days Haurs WIDOWED | DIVORCED | 106 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13 FATHER'S NAME AOTHER'S MAINTIN physician move WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INSCREAM 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 40001 **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stoting the underlying cause lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour 0. m. While Nat while at wark of wark 21. I certify that I attended the deceased from ., 19____,that I last saw the deceased #: 46 P.M. from the causes and on the date stated above. and that death occurred at. ADDRESS (Street, city or town, state) þ Ü **ACTUAL** SIGNATURE e Q DE PHYSICIAN'S NAME (Type) FUNER 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY pode 228. LOCATION (City. tawn_or county) (State) REMOVAL (Specify) 0 23_FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D/BY REGISTRAR 246 REGISTRAR'S SIGNATURE V\$ A15 [4] 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FEB 20 1958



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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). Page	filed with	88		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 3. STATE 4. STATE 5. COUNTY WORCESTER WARYLAND 6. COUNTY WORCESTER V. COUNTY WORCESTER
40 2	ould be	M)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY LDAY C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pacamoke CITY RURAL and give nearest town)
ours off	ž Ž	82		d. NAME OF HOSPITAL (IF NOT IN THOSPITAL) d. STREET ADDRESS ON A FARM? PENINSULA GENERAL HOSPITAL 922 SECOND ST. VES NO NO NOTE OF THE NOT
in 24 h		,		NAME OF DECEASED (Type or print) CORA B. GREMMEL 4. DATE Month Day Year OF DEATH FEBRUARY 10 1958
red with	ers. Po		F	EMALE WHITE WIDOWED DIVORCED DOCTOBER 15 1879 78 yrs. Months Doys Hours Min.
e execu	ar death.			USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stort or foreign country) 12. CITIZEN OF WHAT COUNTRY USER WIFE TO ARYLAND USA FATHER'S NAME
ficate by	ove cart		~	TO HN T. BALDWIN FRANCES A. DELMAS WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 175 INFORMANT Address
ith certiil ding ph	ase remo			NO. 1 1 yes give wick or dates of service) 213-01-7194 MRS S. WALTER RUSSELL, POCOMPKE, MD.
the dime	nen ple ent with			18. CAUSE OF DEATH [Enter only one couse regime for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Granary Occlusion INTERVAL BETWEEN ONSET AND DEATH
es that	any eve			Conditions, if ony, which gove rise to immediate (b)
v requir cian. en signe	and in		z	cotse (a), stoting the under 1 DUE TO archivosalerate (ardiovascular Alsens) 3. grs
Th∎ lav ig physic has be	urial-tro emaval,	-3	CERTIFICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? VES NO [A 200. ACCIDENT WAS UNDERLYING 1/20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Item 18.)
SICIAN: aftendir artificate	as the b an, ar r		CAL CERT	OK CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stotal)
G MHYS pital or or this ce	far use cremati		MEDIC	Hour o. m. 19 While Not while of work of work foctory, street, office bldg., etc.)
TENDIN the has	tached burial,			21. I certify that I bitended the deceased from 2, 1958, to 2, 10, 1958, that I last saw the decease alive on 1958, and that death occurred at 450, M, from the causes and on the date stated above ADDRESS (Street, pt) or town, stole)
OR ET	priar ta	1		SIGNATURE Rufus S. Gardner & PINE Bluf + Rd. #10/58
SHITEL be reta	3 sllc.		220	PHYSICIAN'S KIUTUS D. GARCHERJR. SAHISBURY, M. (Stole)
TO TO TO	page the re	V		BURIAL DIRECTOR'S SIGNATURE LOUDON PARK BALTIMORE MARY LAND FUNEPAL DIRECTOR'S SIGNATURE LADRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A1S 1SM 9/5	(4) SS			Henry H. Walson Pocemoke, M. D. DATE FEB 1 3 '58 Welleduch



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the registrar TO FUNER.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No. (1253%

											Kañ. Di	31. 140.		
1. PLACE OF DEATH a. COUNTY WICOMICO MARYLAND							2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE Maryland b. COUNTY Somerset							
b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)							c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Salisbury 15½ months							Cris	field	1		-			
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)			d STREET AL	DRESS					e. IS RES	FARM?
		ead State H	ospit	cal			S. So	merse	t Ave	enue				NO 🔼
3.	NAME OF DECEASED	Fir	et .	Mi	ddle		Lost		4. DATE	Mo	nth	Day	y 1	Yeor
(Type or print)		Erne	st	S.			Gunby		OF DEATH	Fe	Feb.		3 195	
5. 3	SEX	6 COLOR OR RACE	7 MARE	IED TO NEVER MA	ARRIED	8. DA	TE OF BIRTH			9. AGE (In years		TYEAR	IF UNDE	R 24 HRS
	Male	White	WIDOWI		RCED 🗍		3/12/1	875		last birthday) 80 yrs	Manths	Days	Hours	Min,
10a	. USUAL OCCUPATIO	ON (Give kind of work of	lane 10b.	KIND OF BUSINE	SS OR INDL	STRY	11 BIRTHPLA		ar fareign c	~ C		TIZEN O	F WHAT	COUNTRY
	during most of work	king life, even if retired		_			Marri	land			,	USA		
13.	FATHER'S NAME					14	. MOTHER'S		AME			ODA		
	Elisha S	Samuel Gunb	v				Mar	v Cro	ckett					
15. [Ye	WAS DECEASED EVE	R IN U S ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17.	INFOR			al Rec		dress			
	Unk.													
		ATH [Enter anly ane ca										INTE	RVAL BE	TWEEN
	PART 1. DEATH WAS CAUSED BY: Art riosclerotic heart disease Years											'S		
	DUE TO													
	Canditions, if any, which) (b)													
	gave rise to immediate Court TO													
	lying cause last. (c)													
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hat 19. WAS AUTOPSY												AUTOPSY	
S	Ca. of prostate with metastasis													
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
71 0									,					
020	Haur 6, m.	Y Month, Day, Yes	JURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City ar to factory, street, office bldg., etc.)					r ar tawn)	n) (County)			(State)		
ME	p. m.	19		k 🔲 at work 📋										
	21. I certify th	of Lattended the	deceas	ed from Oct	. 17		, 1956	to Fe	b. 3	, 1 <u>95</u> 8	,that I	last sa	w the	decease
	olive on Fe	eb. 3	., 19_	$\frac{8}{2}$ and the	hat deatl	acc	urred at	9:30A	±M, fror	n the causes	ond on t	he dat	le state	ed above
			and the same	,						treet, city or town,				ATE SIGNED
	SIGNATURE	a stone	an agent	= -		M.D.	D∈e	r's H	lead S	tate Hos	pital		2/3/	158
				/							~		n on do an'illi di .	
	PHYSICIAN'S NAME (Type)	. Kosmahly	, M-	D.			Sal	isbur	y, Ma	ryland				
220	BURIAL CREMATIO		F	22c NAME OF						TION (City, tawn,	ar county)		(Stote	0)
D	uray All Specify	2/5/58		Riggin	Fami	ly	Ceme	tery	ori	sfield,	ind.			
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	2			24a. REC'D	BY REGIST	TRAR 246 REG	ISTRAR'S SI	GNATOR	tE.	
X	ances ;	Herene		Cris	rield	9 111	d.	DATE FE	B113	50 Liv	i esu	el h		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FEB 19 1958

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CEDTIEICATE OF DEATH

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1.	PLACE OF DEATH	omi.co			MARY	LAND		T 4 T F	ence (what ary la	ere decesse nd		institutio DUNTY	_		nne ¹	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) Centreville									n)
-	Sallsbur d. NAME OF HOSPIT OR INSTITUTION	Y AL (If not in hospitol, g	ive street		days		di.	STREET AC		TTC			/		e. 15 RES	SIDENCE A FARM?
	Deer's	Head State		ital] ио []
	NAME OF DECEASED (Type or print)	Donal			Middle		1	lest Ianna		4. DATE OF DEATH		Feb		2	_	Year 19 58
5. 1	Male	6. COLOR OR RACE White	7 MARR		EVER MARRIE		8. DATE	OF BIRTH 29/18			9. AGE (In lost birt	yeors hdoy) yrs.	IF UNDE Months			ER 24 HRS Min
100	USUAL OCCUPATION during most of work	N (Give kind of work and life, even if retired	done 10b	KIND OF	BUSINESS O	RINDUS	STRY 11	. BIRTHPLA	CE (Stote	or foreign c	ountry)		12. CI	ITIZEN C	F WHAT	COUNTRY
12	FATHER'S NAME	174.6		*			114.4	ATHEOR I	MAIDEN N	ALLE						
13.	6						13 "	O IPEK 3 I	MINIDEN IN	IMME						
L								?								
		R IN U.S. ARMED FOR lif yes, give war or dates of s		SOCIAL SI	ECURITY NO.	. 17. IF	NFORM	ANT HOS	spi.ta.	l Reco	ords	Addr	es Sa	lis	ur,	1,10
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o).	(b), and (c).)								INT	ERVAL BE	TWEEN
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cor 1	pulmon	ale								ON	36	nrs.
	Cardinary if any mish				iovasc	ular	Dia	ease							Yea	rs
	Gonditions, if any, which gove rise to immediate DUE TO											·		-		
	couse (a), stating the last.									_						
CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBU	TING TO DEA	ATH BUT	NOT RE	LATED TO	THE TERMI	NAL DISEAS	E CONDITION	ON GIV	EN IN PA	RY 1(a)	PERFC	AUTOPSY ORMED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HO	W INJURY OF	CCURRED	D (Ente	nature of	injury in P	'art I or Por	t It of item	18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m	Y Manih, Day, Yes 19	While	NJURY OC	while	20e. PLA foc	ACE OF	INJURY (H eel, office	ome, form, bldg., etc.	20f (Cit)	y or town)			(County)		(Stote)
	21. I certify the alive on F	at I attended the		58 <u>,</u> ,	end that	death		red at:	11:35	Feh. AM, from ADDRESS (S Head	n the car treet, city o	uses a r lown, :	nd on i	the do	ite stati	deceased ed abave ATE SIGNED
	PHYSICIAN'S NAME (Type)	G. Kosı	nahly	, M.	L.					ary, l			- grade-Add			
1	BURIAL, CREMATIO REMOVAL (Specify)	226 DATE THEREO	S &	11/	ME OF CEME	-	А	Bd.		//	TION (City.			m	751ot	(e)
23.	FUNERAL DIRECTOR	S SIGNATURE	1100	ADE	DRESS				24a. REC'E	ey REGIST	158 24k	REGIS	TRAR'S S	IGNATU	RE	

OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page 4 RECTOR: After this cert ficate has been signed by the ottending physicion and completely filled be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 a prior to burial, cremation, at removal, and in any event within 72 hours after death. TO FUNER page 3 sh TO HOSPITAL VS A15 (4) 15M 9/55

and 2 should be filed with

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1 -		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
+	>	2553 CERTIFICATE OF DEATH Reg. Dist. No. 112541
director led wit		PLACE OF DEATH o. COUNTY D. COU
	,	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	RURAL and give nearest town) ROROMONE 2247, 2
	/	d. NAME OF HOSPITAL (Monot in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	2	immouha General Hospital 1 5 08 young St. 1850 NO
ed a		NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
y fill		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
Sietel of will		male Col Dried WIDOWED DIVORCED June 5, 1885 72 yrs Months Doys Hours Min.
comp poper		Out. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
ond bon bon lade	-	3. FATHER'S NAME 14 MOTHER'S MANON NAME
cian cian s afte		Guaran Maria Merrain mark
ohysi maye hauri	Ì	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 1 (If yes, give wor or dates of service)
ling I se re se re		Horgia Hlam & Os younge or dates of service) Gloring to Hlam & Os younge md
deat trend plea within		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. ONSET AND DEATH
he o he o he o		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEAEBBAL THBOMBOSIS ONSET AND DEATH 24 47
by the first of th		Conditions, if any, which) (b)
gned in g		gave rise to immediate Source for the under-
insit		lying cause lost. (c) ABIF POSCHLEROSIS
ohysin ohysin or-Iro	>	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ing Find Former remo		20g. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH
iffica iffica o, or		[IF ETHER, NOTIFY MEDICAL EXAMINER]
S cer a se si di di		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 While Not white at work at work at work 19 work
far this can be the ca		
Affred hos		21. I certify that I attended the deceased fram. 12-16, 1958, ta 23, 1958, that I last saw the decease alive an 2-23, 1958, and that death occurred at 1100M, fram the causes and an the date stated about
deto deto b	/	DATE SIGN
ed be be right	-	SIGNATURE John M Bloken TIL M.D. Salesbury, M. 2 2-24-58
stror		NAME (TYPO) JOHN M. BLOXOM THE SALISBURY MARY LAND
Tegin and a second		20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
5 6 6 5 F	71	Dunal 3-2-30 Halls Hill Fotomore Md.
VS A15 (4) 15M 9/SS		24g. REC'D BY REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE
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BUREAU V. E.

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certificate A15C 1-55

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FEB 2 4 '59

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

112542

CERTIFICATE OF DEATH

2554Reg. Dist, No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Cimico Comuco COUNTY LC COUNTY. STATE MARYLAND (If outside/corporate limits, white RURAL and give neprest town) (If outside corporate limits, write RURAL and give naerest town) LENGTH OF STAY CITY OR Solve OR TOWN uns TOWN HOSPITAL OR STREET (K furel give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) Middla (Dey) (Year) 3. NAME OF (Les) DATE (Month) OF DECEASED (Type or Print) DEATH COLOR OR AGE lest birthday SEX SINGLE, MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, PACE Months Deys Hours (Spacify) Ultime VES 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) CITIZEN OF WHAT 12. dona during mod of working life, even if OR INDUSTRY COUNTRY ne 6 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDREST CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21. ACCIDENT WAS UNDERLYING [7] 21b. PLACE (Homa, farm, fectory, 21c, WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Yeer) (Hour) Whila Not while at work el work 19. 22. I hereby certify that all attended the deceased from...(... that I last saw the deceased and that death occurred atM, from the causes and on the date stated above ADDRESS (Streat, city, town, state) SIGNATURE DATE SIGNED M.D. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county). BURIAL CREMATION. DATE THEREOF (Stela) REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

SEE ST 1363.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
e van waar.	2555 CERTIFICATE OF DEATH Reg. Dis	
I director	1 PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of COUNTY SOME	e before admission)
Fed of	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and gurant ond give nearest fawn)	
the fun the fun should	d. NAME OF HOSPITAL (If not in pospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
P P	TENINSULACENERAL HOSPITAL 130X 36 RT 1 3 NAME OF DECEASED First Middle Lost 4. DATE Month	YES NO Day Year
fillec iges 1	(Type or print) OLIVER HOLDEN DEATH FEBRUARO	
d willy rs. Pc	NEVER MARKED IN DIVINE OF BIRTH	YEAR IF UNDER 24 HRS Doys Hours Min.
and campli and campli ban papers of death.		ZEN OF WHAT COUNTRY?
an ag arba Sfler	13. FATHER'S NAME WILLIAM HULDELIN 14. MOTHER'S MAIDEN NAME MADIC WATERS	
ng physicia re remave 72 haurs	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (15 yes, no. or unknown) (16 yes, gave wor or dates of service) (17 yes, gave wor or dates of service) (18 yes, gave wor or dates of service)	- mol-
w requires that the death certains are signed by the attending ansit permit. Then please re and in any event within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o)_(b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out to Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying couse last Out to Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	INTERVAL BETWEEN ONSET AND TEATH SELLING
HAN: The lo ending phys ficate has by the burial-th ar remayal	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED YES NO
ital or att	While Not while of work of work	ounty) (State)
ECTOR: After After to be detached for the burial.	21. I certify that I attended the deceased from 1950 to 100 100 100 100 100 100 100 100 100 10	ost saw the deceased e date stated above. DATE SIGNED
PITAL ERAL 3 shou gistrar	PHYSICIAN'S SAME (Type) Spelislency MA	7 7 2
o Hoss may be O Fune page 3 the reg	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or county) 27 - 2 U - 5 8 Halls Hill Torrocke	(State)
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECED BY REGISTRAR 260. REGISTRAR'S SIGNARY CHECKEN CHECKEN CONTROL CHECKEN CON	

EUM. O V. S.

MATLON

ADDRESS

Maryland

Bivalve,

24a. REC'D BY REGISTRAR

DATE

246 REGISTRAR'S SIGNATURE

death. Page

hours

certificate

death

15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

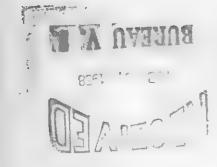
BUREAU V. S.

EEB 04 3000

DECEINED

02545 2556 **CERTIFICATE OF DEATH** Rea, Dist. No. directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed ' a. STATE **b.** COUNTY MARYLAND 0m1 ero b. CITY OR TOWN (If outside corporate limits, write 9 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) (RURAL and give Hearest town) PI LISDUR NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Last Month Day Year filled 100 DEATH (Type or print) 195 6. COLOR OR RACE 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH completely last birthday) Months House Min WIDOWED | DIVORCED popers. 10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 9. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ill was cover wor or dotes of service) ding CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gned gaye rise to immediate DUE TO Per cottse (o), stoling the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) S 20c. TIME OF INJURY Month. 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at wark ρ. m. 21. I certify that I attended the deceased from 24, 195 Sthat I last saw the deceased and that death occurred at Z. P. M., from the causes and an the date stated above. alive an ECTOR: be deloc ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Ö PHYSICIAN'S NAME (Type) FUNER S 22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) pode (State) he 0 23. FUNERAL DIRECTOR'S SIGNATURE 9 ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



라. 라. after death. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 * ¥ter CODX CERTIFICATE OF DEATH death Reg. Dist. No. . हे after 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED the COUNTY MARYLAND hours STATE COUNTY LENGTH OF STAY (If outside corporate limits, write RURAL (It outside corporate limits, write RURAL and give nearest town) director, and give nearest town) > OR TOWN TOWN 77 HOSPITAL OR STREET (If ruret give location) certificate be executed INSTITUTION OR **ADDRESS** within STREET ADDRESS 3. NAME OF (First) (Middle) (Month) (Last) 4. DATE DECEASED OF The state of DEATH (Type or Print) 8. DATE OF BIRTH 6. COLOB, OR SINGLE, MARRIED 9. AGE last birthday IF UNDER 1 YEAR ĒÀ RACE WIDOWED, DIVORCED, Months (Specify)/ the 10e, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12. with OR INDUSTRY requires that the death done during most of working life, even if permit. retiredi Llymuritel. 13. FATHER'S NAME MOTHER'S MAIDEN NAME completely physician. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS death certificate (Yes, no, or upk.) |- (If Yes, give wer or detes of service) burial and may be retained by the hospital or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH FO physician 벙 MMEDIATE CAUSE esn DUE TO ANTECEDENT CAUSE(S) FUNERAL DIRECTOR: The law requires that the estificate has been executed by the attending ph DISEASES OR CONDITIONS, IF ANY, attending GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. detached (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. P.Q 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION uted by should ! 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 21b PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) OF INJURY street, ollica bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) certificate assembly 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work peen ... A ., that I last saw the deceased Spy alive on..... 10M SIGNATURE ADDRESS (Street, Lity, town, state) certificate 15 death BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) A15C REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FLINERAL DIRECTOR'S SIGNATURE

FEB 2 7 '53

02546

(Year)

19 1

Hours

CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

NO.K

(Stete)

ADDRESS

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COUNTRY?

IF UNDER 24 HRS

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VS A15 (4) 15M 9/55

14

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2558	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

02547

	1. PLACE OF DEATH O COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. (f institution; Residence before admission) o STATE b COUNTY Talbot									
Ì		c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	RURAL and give nearest town) Salisbury	2 months	Tilghman × X .									
/	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Deer's Head State Hospital	ddress)	d STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO									
F	3 NAME OF First DECEASED	Middle	Last	4. DATE Mor	ath	Day Yes	ж					
1	(Type or print) Lydia		James	DEATH Feb.	,	6 19	58					
	5 SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		7/10/1884	9 AGE (In years tost birthday) 73 yrs.	Months Do	EAR IF UNDER :	24 HRS Min.					
	10d USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	and of Business or Indust Le. Operator	RY 11 BIRTHPLACE (Slote Marylan		12 CITIZE	USA	DUNTRY?					
ł	C. & P. Phone Co. Tel	e. operator	14 MOTHER'S MAIDEN N			- 1012						
١	Samuel James		Melvina	Williams								
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 5. (Yes no or unknown) Unk e (If yes, give wer or dates of service)	OCIAL SECURITY NO 17 IN	FORMANT Hospita	l Records Add	ress							
	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		INTERVAL BETWEEN ONSET AND DEATH									
	(6)	Conditions, if ony, which) Ca. of left overy										
	couse (c), stating the <u>under-lying</u> couse fost.	conse foil siding like Auges [
	PART II. OTHER SIGNIFICANT CONDITIONS CO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART										
		YES NO 200 ACCIDENT WAS UNDERLYING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Month, Doy, Year 20d IN. Hour a.m. p. m. 19 of work	Not while fock	CE OF INJURY (Home, form ary, street, office bldg., etc	20f (City or town)	(Cour	nty)	{State}					
	21. I certify that I attended the decease alive on Feb. 6. 1956	21. I certify that I attended the deceased from. Dec. 2 , 19 57, to Feb. 6 , 19 58 that I last saw the deceased										
	dive on 1 2 3	ona that death		1_9M, Tram the causes of ADDRESS (Street, city or lown,			abave. E SI G NED					
	ACTUAL SIGNATURE	elly 7 "	Deer's	Head State Ho	spital	2/6/5	58					
	PHYSICIAN'S L. V. Maldve, M	M. D.	Salisb	ury, Maryland	*****							
	720 BURIAL CREMATION, 120 DATE THEREOF PLANE STATE STA	22c NAME OF CEMETERY OR	Meth.	728 LOCATION (City, town,	Tall	X (Stote)	ed.					
	23. FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REGI	STRAR'S SIGNA	NTURE						
Ł	I vilence miera luce que	emen.	DATER	1138 (444)	tau h							

BUREAU V. E.

CEATES!

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/55

Reg. Dist. No. 1254.

Wicomico

9th

IJ

(Caunty)

e. IS RESIDENCE ON A FARM?

YES NO X

19

Hours

12. CITIZEN OF WHAT COUNTRY?

SA

INTERVAL BETWEEN ONSET AND DEATH

month

WAS AUTOPSY YES NO TX

(Stote)

(State)

58

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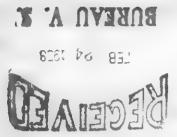
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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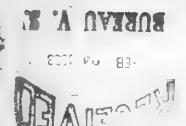
	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	2560 CERTIFICATE OF DEATH Reg. Dist.	(12551
	PLACE OF DEATH o. COUNTY VICULICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE D. COUNTY VICULICO	before admission)
	b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	
-	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION d. STREET ADDRESS	e is residence On a farm?
	Paristula Jestial Mariatula Am ref respisel	YES NO XX
3	NAME OF DECEASED Corporation C	Day Year
	lost bighdoy) Moaths Q	YEAR IF UNDER 24 HRS
10	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EN OF WHAT COUNTRY?
	olle in Id. 1	$\mathbb{T}_{\mathcal{O}}A$
13	3. FATHER'S NAME	
	John M. Kurtz Genevi re Tract	
77	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (II yes, give wor or dates of service)	3 7
-	18. CAUSE OF DEATH [Enter only one course per time for (a), (b), and (c).]	
	PART I. DEATH WAS CAUSED BY: ATELECTASIS BILATERAL COMPLETE. 7620 DUE TO	INTERVAL BETWEEN ONSET AND DEATH IF MIN
	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost. (b) INTRA UTERINE ANOXEMIA (c) (c)	BO MIN.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. p. m. 19 20d. INJURY OCCURRED Of work at wark (Control of the control of th	inly) (Stole)
	21. I certify that I attended the deceased from FEB. 18, 1958, to FEB 18, 1958, that I lar alive on FEB 2, 1958, and that death occurred at # AM, from the causes and an the ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE SIGNATURE ADDRESS (Street, city or town, stote)	
/	PHYSICIAN'S C. STANFORD HAMILTON POCOMOKE CITY M	0.
Z	Removal (Specify) 226. DATE THEREOF 226. NAME OF CEMETERY OF LEGISLATION (City, town, or county) 27. Clly Trove legislate (12.1)	(Stole)
23	ADDRESS ADDRESS DOC 129 1 DATE FEB 2. 4 58 U. F ROLL	ATURE
-	1/	



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INCOT.	- Annual	88	61	-AAMIINEK	S CERTIFICA	IL OI DE		(12552 eg. Dist. No.
DEPT.	I. PLACE OF	DEATH) OT		2. USUAL RESIDENCE (Where deceased live	d. If institution	, Residence before admission)
121	o. COUNT	Wicom:	100	MARYLAND	o. STATE	- T - ~ A	b COUNTY	0
	b CITY OI	R TOWN (If outs de corporete i mits wri		LENGTH OF STAY IN 16		f outside corporate	lim is, write RUR	Somerset (AL and give represt fown)
		Salisbury OF HOSPITAL OR INSTITUTION			Rural Po	comoke C	City	19x-2
					d. STREET ADDRESS			e. IS RES DEN ON A FARI
	J. NAME OF	insula Gener			RFD #1	1		YESZ NO
Ì	DECEASE(irst 7 A	Middle S.	Lost	4. DATE OF DEATH	Month	Doy Year
	5. SEX	. 30110 0 10 0		NEVER MARRIED	S DATE OF BIRTH	9 AG		18 19 58
	E	1 TAT	WIDOWED [h-	April. 14. 1	921		inths Doys Hours Min
İ	100. USUAL	OCCUPATION (Give kind of work st of working life, even if retired)	done 10b KINI	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S'ON	or foreign country)		2. CITIZEN OF WHAT COUN
		usewife			Maryl	and		USA
	13. FATHER'S				14. MOTHER'S MAIDEN	NAME		
w \		raham Horst			Gertrud	e Gehr		Phila
	15. WAS DEC	CEASED EVER IN U.S. ARMED FO	PRCES? 16 SOI				Address	
-/	ne			1.00	John II. I'm	+.Z. 7 C]1 . m]
		SE OF DEATH [Enter only one co ART 3, DEATH WAS CAUSED BY:	iuse per line for		b			INTERVAL BE WASTA
		IMMEDIATE CAUSE (Eclampsia				Sudden
	6	TA. DUE TO			b.			
	gove ris	ions, if ony, which be to immediate cause		. And the second			100	Eri mare
	(a), sto	ting the underlying DUE TO	-1					
	Z	ART II. OTHER'S GN FICANT COM	VOIT ONS CONT	R BUT NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(0) 19. WAS AUTOP
0	Nota							YES NO
	20g. EXT PRIMARY CAUSE (ERNAL CAUSE WAS Y OF CONTRIBUTING DEATH.	Ob DESCRIBE H	DW INJURY OCCURRED	Enter noture of injury in Pa	t f or Port II of Item	18)	
- 1	". I							
	5 20- TIM	E OF INJURY Month, Doy, Ye	ear 20d INJ		ACE OF INJURY (Home, for	n, 20f (City or tow	n)	(County) (Stat
	Ho Ho	OUF p. m.	I White	Not while 100	tory, street, office bldg., etc			
	WED!	p. m, 19	41.114.11	ol work	lory, street, office bidg., eld			
	21.10	p m. 19 certify that I taok charge	e of the ren	noins described ab	ove, held an Autap	y , inspec	_	· · · —
	21.10	p. m, 19	e of the ren	noins described ab	ove, held an Autap		_	nquiry [], and in
	21. i copinio	tertify that I taok chargen death resulted fram:	e of the ren	noins described ab	ove, held an Autapa	y, inspec Homicide,	_	ned manner
	21. f c	tertify that I taok chargen death resulted fram:	e of the ren	noins described ab	ove, held an Autape Suicide , MD CHIEF MEDICAL E	y , inspec Homicide ,	Undetermi	ned manner DATE SIGNED
	21. F copinio	p.m. 19 certify that I taok charge n death resulted fram: URE VER'S Earl	e of the ren Natural cau	noins described aborses []. Accident	ove, held an Autapa	y , inspec Homicide , KAMINER :	Undetermi	ned manner
,	21. F c opinio ACTUAL SIGNAT EXAMINAME (certify that I tack charge in death resulted fram: LURE NER'S CREMATION, [275 DATE THERE	e of the ren Natural cau	noins described aborses []. Accident	Ove, held an Autops Over, h	y , inspec Homicide , KAMINER :	Undetermi	DATE SIGNED
,	21. F c opinio ACTUAL SIGNAT EXAMINAME (certify that I taok charge in death resulted from: LURE LU	e of the ren Natural cau	of work on oins described aboves . Accident M.D. NAME OF CEMETERY **	Ove, held an Autops Over, h	y , inspec Homicide , XAMINER C TAL EXAMINER C EXAMINER C 22d. LOCATION (6)	Undetermi	DATE SIGNED 18-58

8'15" female child delivered 2/18/58; died same (lived 44 min.) 3-3-58 ams



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SEX

BUNEAU V. S.

TO ATTO TELL

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L		2563	CERTIFICA	AIE OF DEATH	1	Reg. Dist. f	No.
	o. COUNTY	Wicomico	MARYLAND	2 USUAL RESIDENCE (Whe			efore admission) MICO
	b. CITY OR TOWN (If or RURAL and give near	utside corporote limits, write est Jown) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou		write RURAL and give	nearest town)
	d NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol, give street Pen. Gen.		d STREET ADDRESS R.D.	.#		IS RESIDENCE ON A FARM? YES NO
4.9	NAME OF DECEASED (Type or print)	NOAH	LITTLETO	N LANKFORD	4. DATE OF DEATH	Honth FEBRUARY	19 19 58
5	Male 6	7.77 0.1	RRIED NEVER MARRIED X	B. DATE OF BIRTH August 21,1	2. AGE (In	years of UNDER 1 YE maday) Months Day	AR IF UNDER 24 HRS 1 Hours Min.
-	Farming Farming	(Give kind of work done 10) life, even if retired)	b, kind of Business or Indu Farmer	Sussex Co	*		OF WHAT COUNTR
1	3. FATHER'S NAME Turpin La	nkfond		14 MOTHER'S MAIDEN NA	ame ne Lankfo:	her	
1	S. WAS DECEASEDEVER IN		6. SOCIAL SECURITY NO. 1Z.				
-		res. (pive wrot or dates of service)	M	r. Fred E. La St. Seafor	nkford(B		.7 Conwel
	Conditions, if ony, gove rise to imm couse (o), stating the lying couse lost. Part II. OTHER	sediote (Cause 7 7	the Winau	Blade NAL DISEASE CONDITION	Luc DN GIVEN IN PART 1(o) IP. WAS AUTOPSY
AT DEL DIES A DE	PART II. OTHER 200 ACCIDENT WAS U OR CONTRIBUTING U (If ETHER, NOTIFY ME	CAUSE OF DEATH I	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pr	ort I or Part II of item	18.)	PERFORMED? YES NO NO
4470000	20c. TIME OF INJURY Hour o m. p. m	While	1.	ACE OF INJURY (Home, farm, actory, street, affice bldg, etc.)		luy her	Comice Me
	21. I certify that alive on PC	attended the deced	S. and that death			ises and an include town piet.	
	PHYSICIAN'S Dr.	Carie I. H	eam	226 N.Divis			
5	AM BURIAL EXPMATION			ON THE SALATOVEY			
2	REMBUTIST	Feb 17/58	Odd Fellow		22d LOCATION (City, Seafor	i, Delawa	(Stote)

may be retained by the haspital or attending physicion.

O FUNERA
RECTOR: After this certifical has been signed by the attending physician and completely filled by the funeral director, page 3 st d be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 TO FUNERA VS A15 (4) 15M 9/SS

CECENVERY

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02555 2564 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY **b.** COUNTY Wi comi co MARYLAND Maryland Harford b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
Salistury 6 yrs. 4 mo. Abradeen, Ed. d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Leer's nead State dospital 5t. 2 YES NO T NAME OF Middle 4. DATE Month fenr OF DEATH Clvde Clayton Lewis February (Type or print) 10 -5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost b-rthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Mite June 8. 1902 nale WIDOWED | DIVORCED F 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Farm West Vir, inia ISA Tarmer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James R. Lewis Lucy Alderman 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Deer's Head nospital necor s, Salisbury, ..d. unk. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Cor ulmonale PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) L. ar. DUE TO Lobar pneumonia, right 16 hr. Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the under-Severe pronchiectasis Trars lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPS PERFORMED? YES NOT 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home form, 20f (City or town) 20d INJURY OCCURRED (County) (Stote) Hour om. factory, street, office bldg , etc.) While Not while of work 21. I certify that I attended the deceased from Oct. 25 ..., 19.51, to Feb. 20, ..., 19.58, that I last saw the deceased alive an Feb. 20, 19.58, and that death accurred at 5:10PM, from the causes and an the date stated above. ADDRESS (Street, city or town, slote) G Kornenda ACTUAL SIGNATURE Salisbur, lam land PHYSICIAN'S G. Losmahly. Deer's Lead State Hos ital NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) AFMOVAL (Specify) 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE

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ofter death;

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ATE		MED 91	65	IER'S CERTIFICA	ATE OF DEATH	Reg. Dist. No. 112551
DEPT.	PLACE OF DEATH o. COUNTY	Wisomico				tution. Residence before admission) TY WICOMICO
	b. CITY OR TOWN and give nearest tow	of outside corporate in its write RU a) Salisbury			l (If outside corporate limits, write Lisbury	e RURAL and give nearest town)
	d NAME OF HOSPI	tal or institution (15 to 303 Pond	St		3 Pond St	ON A FARM.
3	NAME OF DECEASED (Type or print)	GARY	EDWA:	RD LONG	of DEATH Feb.	23rd 19 58
5	. sex Male		MARRIED BADY	Dec. 6,19	57 9 AGE (in years foot birthday) 0 yrs	Mouns Days Hours Min
1	during most of work	ION (Give kind of work doning life, even if retired)	None	Pen.Gen.	tote or foreign country) Hosp.Salisbur	y Md USA
1	3. FATHER'S NAME Carro	ll James Lo	ng	Marybel	le C. Smack	
	15. WAS DECEASED E' Yes, no. or unknown) NO	VER IN U. S. ARMED FORCE (If yes, give war or dates of servi	S7 16 SOCIAL SECURITY NO	Mr. Carroll	James Long (Fa	ther)303 Pond S
) [ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), ond (c).] Broncho-r			intervat Betwiten onset and Drafth Sudden
1	47/X Conditions, if					
	gove rise to imme (e), stoling the cause lost.					
	PART II, OT	THER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE T	erminal disease condition GI	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES X NO
	200. EXTERNAL CA	AUSE WAS ONTRIBUTING []	DESCRIBE HOW INJURY OCCU	IRRED (Enter nature of injury in	Fart I or Fart II of item 16)	
	20c. TIME OF INJU		20d. INJURY OCCURRED While Not white of work at work	20e PLACE OF INJURY (Home, factory, street, office bldg.,	form, 20f. (City or town)	(County) (State)
		that I taak charge o resulted from: Na	70"	ed abave, held an Autoident , Suicide		, Inquiry X, and in my
	ACTUAL SIGNATURE	tout =	X	M.D CHIEF MEDICA	L EXAMINER []	DATE SIGNED
		r. Earl L.	Royer	ASSISTANT ME	DICAL EXAMINER F	eb. 24 1958
7		al Feb. 25, 19		Mem.Park	Salisbury,	
			ADDRESS		EC'D BY REGISTRAR 246 REG	a minimum white and a second of the second o



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he funeral director,	should be filled with		M
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After	ched fo	urial, c	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be relained by the haspital or ottending physician. TO FUNERAL DECTOR: After this certificate has been signed by the attending physician and campletely fittled it.	page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	-
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PHYSICIA!	tal or attend this certifica	ar use as the rematian, or	
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	3 A	1001)					Reg. Dis	t. No.			
1. PLACE OF DEATH o. COUNTY WICOMIC	0		MAR	YLAND	2 USUAL RESIDENCE (Whe		d lived If instituti b. COUNTY					
b. CITY OR TOWN (If autside carporate lim	ts, write	c. LENGTH OF STAY	'IN 1b	c. CITY OR TOWN (If ou	itside corpo	orate limits, write f	URAL and g	ive neor	rest tawn	1)	
Salisbur	y, Maryland	i	5 months		Baltimore, Maryland							
	AL (If not in hospital, s		address)		d STREET ADDRESS • IS RESIDENCE ON A FARM							
	ead State I	lospi	tal		118 W. 21st Street							
3 NAME OF DECEASED (Type or print)	Gus	st	Middle		Losi Madden	nary	Day 22	2	Yeor 19 58			
5. SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRI	ED 🗍	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR			
Male	Colored	WIDOW			June 15, 1889	9	lost birthday)	Months	Days	Hours	Min.	
100. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11 BIRTHPLACE State o			12. CITI	ZEN OF	WHAT	COUNTRY	
Constructio	king life, even if retired)			Laurence,	South	Carolina		USA	1		
13. FATHER'S NAME	II WOLKEL				14 MOTHER'S MAIDEN NA			<u> </u>	0.01			
Andy Mad	dan				Lizzie Gar	ייייני						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 FN	NFORMANT	Ly	Add	r63%				
Unk	(If yes, give wor or dates of s	ervice	217-03-433	7	Hospita!	l Rec	ords					
18 CAUSE OF DEA	ATH [Enter anly one co	use per li	ne for (a), (b), and (c).	1			(F		INTERVAL BETWEEN			
PART I. DEA	TH WAS CAUSED BY	Mu	ocardial i	nsuf	ficiency				ONSET AND DEATH			
and and an in	DUE TO					-						
Conditions, if o	ny, which)	. Hv	nertensive	Art	erioscl. C.V.I	D.			Years		rs	
gave rise to in	mmediale (Due 70		DOI 00110210						10010			
lying cause lost.	the under-	1										
PART II OTH		<u> </u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A	AUTOPSY	
Š										-	RMED?	
PART II OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE5	CRIBE HOW INJURY O	CCURRED). (Enter nature of injury in Pa	art I ar Par	t II of item 18.)					
3 20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. It	NJURY OCCURRED	20e PLA	CE OF INJURY (Home, form,	20f. (City	r ar tawn)	IC	unty)		(State)	
20c. TIME OF INJUR Hour a. m. p. m.	19	While at wor	k at work	fact	tary, street, office bldg , etc.)			•	• •		ì	
21. I certify th	at liattended the	deceas	ed from Sent.	9	, 19_57, to_Fel	b. 22	1958	that I li	net ear	w the	daceasen	
alive on Febr		. 19	58 and that	deoth	occurred of 4:50 p	M from	n the course of	and on th	e dete	n state	d abava	
	3		. 1				treet, city ar tawn,		- dule		LTE SIGNED	
ACTUAL SIGNATURE J.V. / with me. Deer's Head 3, at e. Hospits										2/	23/58	
PHYSICIAN'S NAME (Type)	. V. Maldy		/		Salisbury	U	,		Ma:	ryla	nd	
220 BURIAL CREMAT O		Ę	27c NAME OF CEM	ETERY OR	CREMATORY	22d LOCA	TION (City, town, o	or county)		(State	e)	
BULLA!	Ter 281	58	Mak Con	100	arbeitusm	Par	& a	rbut	tus	· and	d.	
23 FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	1.	24o. REC'D	BY REGIST	TRAR 246 REGI	STRAR'S SIG	NATURE	A		
Mallon	E. Educ	Ka	m //27/	n. C	DATE C	237		,				

VS A1S (4) 1SM 9/SS

BUREAU V. E.



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-17		; 2567 CERTIFICATE OF DEATH Reg. Dist. No. (1255)
		PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY b. COUNTY
2		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest limits, write RURAL and give nearest town)
		e IS RESIDENCE ON A FARM ON THE
	l	NAME OF DECEASED (Type or print) Shale World Marine Death Je 194
-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER YEAR IF UNDER 24 H On 1 1031 birthdoy) Months Days Haurs Min
deoth.	100	a. USUAL OCCUPATION (Give kind of wark done) 10b KIND OF BUSINESS OR INDUSTRY 11. PSTRTHPLACE (State or foreign country). 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY AND HELD OF WHAT COUNTRY OF WHAT COUNTR
t T	13.	FATHER'S NAMES ANOTHER'S MAIDEN NAME ANOTHER'S MAIDEN NAME ANOTHER'S MAIDEN NAME
72 hours	15. (Yo	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Addr
within		18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
event		HAMEDIATE CAUSE (a) THE CUMONICIES OF LEGISLATION OF THE COLOR
no ni be		Cardifians, if any, which gave rise to immediate carse (a), stating the under lying cause last. (c)
acvol, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
or ren	L CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18)
enation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Nat while at work at
riol, cr		21. I certify that Vattended the deceased from 2, 13, 1958, to 2, 4, 1958, that I last saw the deceased alive on 1958, and that death occurred at 11259M, from the causes and on the date stated about
ior to by		ACTUAL SIGNATURE Quies of Language 1 and 3215 DIV. St. 2415
stror pri		PHYSICIAN'S RUFUS S. GARDHER JR. SALIS DURY, Md.
o 'ōi	220	PADRIAL, CREMATION, 12b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, lawp for county) State)
	1/	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

2568

112559

		! W!	300	CERTIFIC	<u> </u>	OI DEATI	•		Reg. Dist.	No.			
I	PLACE OF DEATH				2.1	USUAL RESIDENCE (WI	here decease		n: Residence	before admis	sion)		
1	Wicomic	0		MARYLAND	║ '	Maryland		b. COUNTY	ford				
	b. CITY OR TOWN (II RURAL ond give no	f outside corporate limits, wr	ite c. LENGTI	H OF STAY IN 16		c. CITY OR TOWN (IF	autside corpo	prote limits, write Rt	JRAL and giv	re nearest tow	n)		
		ry. Maryland	111	7 days		Havre de Grace, Maryland /							
	d. NAME OF HOSPIT	AL (If not in haspital, give st	reet oddress)			d. STREET ADDRESS				e. 15 RE	SIDENCE		
		Head State Ho	spital			729 Warre	n Str	eet			NO X		
	NAME OF DECEASED	First		Middle		last	4. DATE	Mont	h	Doy	Year		
	(Type or print)	William		Thomas		Mitchell	DEATH	Februa	ry	14	19 58		
	5. SEX	6. COLOR OR RACE 7.	AARRIED 🛣 NE	VER MARRIED	B. D.	TE OF BIRTH		9. AGE (In years last hirthday)		YEAR IF UND	The second line of the latest li		
	Male	1.27	OWED	DIVORCED 🗌		April 30, 1		O4 yn.	Months D	lays Haurs	Min,		
- [1	Job. USUAL OCCUPATION during most of work	ON (Give kind of work done ing life, even if retired)	106 KIND OF B	USINESS OR INDI	JSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY		
	Unemploy		Unk			Marylar	nd			U.S.A.			
1	3. FATHER'S NAME				14	MOTHER'S MAIDEN I	NAME						
L	William	G. Mitchell				Annie M. I	oflin						
լ	S WAS DECEASED EVER	R IN U. S. ARMED FORCES?	16. SOCIAL SEC	URITY NO. 17.	INFOR	MANT		Addr	ess				
L	Unk Hospital Records, Salisbury, Ma										ryland		
Г		TH [Enter only one couse p	er line for (o), (l	b), and (c).}						INTERVAL BI	ETWEEN		
1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Pneumon	ia						ONSOI 4	John III		
1	4621	DUE TO											
1	Conditions, if an		eeding	esp phage	31. 1	varices wit	h sec	ondary an	emia	4 we	eks		
1	gove rise to immediate couse (o), stating the under:												
1	lying couse lost.	(c)											
	2 2 2000 Jan	IER SIGNIFICANT CONDITIO			TONT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	EN IN PART I	(a) 19. WAS	AUTOPSY DRMED?		
	S C	ardiovascular		1,0							NO 🔼		
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW	INJURY OCCURR	ED. (En	ter nature of injury in t	Port I or Por	t II of item 18.]					
	20c. TIME OF INJURY	Y Month, Day, Year 20	M. INJURY OCC	URRED 20e P	LACE C	OF INJURY (Home, form	. 20f. (City	or town)	ICo-	unly)	(State)		
	20c. TIME OF INJURY		hile Not w	IIIIe	clory,	street, office bldg., etc)		• • •	,	, ,		
		at I attended the dec			8	. 1957 to Fe	b. 14	10 58			1		
	alive on Fe		2 58	and that deat		urred at 11:10			, inai i la	st saw the	deceased		
	dive on		Z-2	ina inai deali	000						ed above Ate signed		
ACTUAL SIGNATURE Co. ACTUAL SIGNATURE										2/11	1/0		
				7	MD.						2/_20		
	PHYSICIAN'S NAME (Type)	G. Kosmahl				Salisbury	, Mar	y l and					
2	REMOVAL (Specify)	N. 22b. DATE THEREOF		E OF CEMETERY C	P.CRE	MATORY -	22d 10GA	HON (City town, o	county)	(Stot	e) /.		
2	3. FUNERAL DIRECTOR'S	S SIGNATURE	ADDR	1. 6	201		0 BY REGIST	RAR 240 REGIS	TRAR'S SIGN	INTURE			
E	, ,,,,,,,,,,				< /	PAIR - DAIR	-	* * *					

VS A1S (4) 15M 9/SS



BUREAU V. S.

FEB 84 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 a2560MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6 COUNTY b COUNTY Somerset Page files. Health, MARYLAND icomico b. CITY OR TOWN | I outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ďö Sailsbury Wastover d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DEN E ON A LARMA YES NO Penninsula R.F.D.# General Hospital 3. NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH E. Moses February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED | DIVORCED 40 Female 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if refired) Factory Laborer UaSaA -Virginia 13. FATHER'S NAME podes 14. MOTHER'S MAIDEN NAME Jessie Jones Lizzie Pooles 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Myes on ar unknown) (If you give war or dates of service) Only with E. Lizzie Spady, Westover. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND EL PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying م coure lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY esed PERFORMED? NO [T 200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED, (Enter goture of injury in Post I of from 18) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED | 20e. FLACE OF INJURY (Home, form, : 20f (County) Not while foctory, street, office bldg., etc.) of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection U Inquiry opinion death resulted from: Notural causes | 1. Accident 4. Suicide . Homicide . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER [7] FUN 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify) Burial Ó Pocomole Tindsley Chape 16 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR RECOSTRAR'S SIGNATURE VS. ATSME 5M 2/57

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, FEB 14 1904

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		CERTIFICA	IE OF PEATR	Reg. Di	st. No.
	1. PLACE OF DEATH a. COUNTY W. 14 9 70 144	MARYLAND	2 USUAL RESIDENCE (Where de a. STATE)	ceased lived. If institution Resider b. COUNTY	ce before admission)
ŀ		H OF-STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write RURAL and	give nearest tawn)
	Sahishuru 80	Taus.	Llum	and the same of th	e e
	or INSTITUTION He may be not at His	offal	d. STREET ADDRESS	en	ON A FARM? YES NO
7	3. NAME OF First	Middle	Lost 4. D.		Day Year
	DECEASED (Type or print)	N	1elson B	ATH FEBRUARY	7 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEW MALE, WHITE WIDOWED	VER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF UMDER lost birthday) Yrs	1 YEAR IF UNDER 24 HRS Days Hours Min
ł	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF 8		RY 11, BIRTHPLACE (State or fore	1 0 0	IZEN OF WHAT COUNTRY
1	ducing/mast of warking life, even if retired)	~ Olla	1 Donne	e. B.	115 a.
ľ	13. FATHER'S NAME	7 (7 00 1	14. MOTHER'S MAIDEN NAME		
	Maknow		unto	run.	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. IN	FORMANT .	Address	- 10.0
ŀ	18 CAUSE OF DEATH [Enter only one cause per line for (a), (I	b). and (c)]	U		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and sout	ens cleven 10	المحاسا	ONSET AND DEATH
1	504 X DUE TO		1		
1	Conditions, if any, which } (b)	no Mr	to the Regget	gel,	1/2 to work
	gave rise to immediate cosse (a), stating the under	6	// //		
1	lying cause last. (c)	hapre	unnie!		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE ### 20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT N	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED.	. (Enter nature of injury in Part I a	r Part II of item 1B)	
ı	20c. TIME OF INJURY Manth, Day, Year 20d. tNJURY OCC Haer a.m., D.m., 19 at wark at wark		CE OF INJURY IHame, farm, 20f.	(City or town) (Caunty) (State)
ı	Have a.m. While Not wark at work at wark	, iiiia	ary, maer, critice drogs, etc.)		
ı	21. I certify that I attended the deceased fram.		, 19, to	, 19,that I	last saw the decease
1	alive an, 12,	and that death	2 2	fram the causes and an t	
	1/2 1/ 27	1.1		SS (Street, city ar town, state)	DATE SIGNE
	SIGNATURE (VILLE AT TEST	M	i.D		
	PHYSICIAN'S NAME (Type)	/			
f	220. RURIAL, CREMATION, 226. DATE THEREOF 220 NAM	AE OF CEMETERY OF	ERSMATORY 22d, 1	OCATION (City, town, or county)	(State)
	Bern + 100 Th	4 Ole	re de	ulmar 10	
	22 FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS	24a. REC'D BY R	EGISTRAR 246 REGISTRAR'S SIG	SNATURE
	110 1110mm VILLETT	ar R	CAL DATE	V/ ** , 'XCO	

may be relaying by the haspital or attending physician.

TO FUNERAL CONE. After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shaw be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, crematian, or remaval, and in any event within 72 hays offer death. TO HOSPITAL OR ATTENDINE FTYS EIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/S5 M

MAKI LAND 31	AIE DEPARTM	ENT OF REALIT	-BALIIMORE, 10	
; 2571	CERTIFICA	ATE OF DEATH	Reg. Di	ist. No. 12562
1. PLACE OF DEATH O. COUNTY W/4 0 77 1 6 0	MARYLAND	2. USUAL RESIDENCE (WIND, STATE	ere deceased lived. If institution: Resider b. COUNTY///	
	LENGTH OF STAY IN 16	c. CITY OR TOWN LIF .	utside corporate limits, write RURAL and	give nearest town)
Sulsbury	2 WEBKS	Berlin	23x-	4
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION PRINCIPLE HOSPITAL HOSPITAL	**** /	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Carrie	Middle	02/1	4. DATE Month OF DEATH Februarie	Day Year
		B. DATE OF BIRTH	9. AGE (In years of UNDER lost birthday) 4.2 yrs. Months	Doys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (State	or foreign country) (2. CI)	TIZEN OF WHAT COUNTRY?
HOUSE VILLEG OW	N HOME	RYLERS	PORT, A,	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	XG	NFORMANT Y	GLLEN LUS	5 7
(Yes, no, os unknown) [If yes, give wor or dates of service] 2157	12 - 03 - 6028	MR. HENRY	ONCEY BERL	IN MA
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	(a), (b), and (c).)	P 4	+ .	INTERVAL BETWEEN
IMMEDIATE CAUSE (a)	eule (Jarilon	iles	3days
Conditions if any which	1. I. t	o disease	tion (colon	1
Conditions, if any, which gove rise to immediate DUE TO	Jevar 20		Dalle Contract	4
cosse (a), stating the under: [xing couse tost. (c)	0			
A PART II. OTHER SIGNIFICANT CONDITIONS CONT	TREUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PHY	T 1(a) 19. WAS AUTOPSY PERFORMED?
3/ Gocardeal Stry	Jeculy	: Skeuma	he Heart Nes	LILLES NO
20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER)	AHOM INTURY OCCUPACE	D. Ænter nature af injury in P	art Lor Port & af item 18)	
20c. TIME OF INJURY Month, Day, Year 20d. \$NJUR Haur a. m. While of work 19 of work 1	Not white for	ACE OF INJURY tHome, form, tory, street, office bldg., etc.	20f. (City or town)	County) (Slote)
21. I certify that I attended the deceased f		, 19, ta	, 19,that I	last saw the deceased
alive an A		مسترکی ایس از ایسان	ZM, from the causes and on t	
ACTUAL SIGNATURE COULD Sele	engre_		ADDRESS (Street, city or town style)	2 2 2/4/5)
NAME (Type)			/	
320 BURIAL, CREMATION, 22b. DATE THEREOF 220	SPRINGHIA	CCEMATORY,	22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	0 24a_REC'I	BY REGISTRAR - 24b. REGISTRAR'S SI	SNATURE

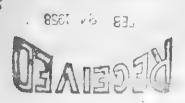
DATE

ASADVI AND CTATE DEDADTASENT OF HEALTH



1		Γ	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, "			: 2572 CERTIFICATE OF DEATH Reg. Dist. No. ()2563
director.	2	1. F	ACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
death.		ŀ	CITY OR TOWN (If outside corporate limits, write c. tENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAt and give nearest town)
ofter c	•		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION (e. IS RESIDENCE ON A FARM?
4 hours d ir d		1	AME OF First Middle Last 4. DATE Month Day Year
ithin 2 ely fille Poges		5 S	ype or print) Julia W. MB35M3 DEATH Julia 21 1958 X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
complete		10o.	USUAL OCCUPATION (GIVE kind of work done 10b, KIND OF BUSINESS OR INDISTRY 11, SIRTHPLACE (Stole, or foreign country) // 12, CITIZEN OF WHAT COUNTRY?
anil can ban pap er death		13	HUSLING MOTHER'S MANGE ITE, even if retired) oun Home Snow Hill my ATHER'S NAME 14. MOTHER'S MAIDEN NAME
physician physician emave car haurs afti		16 1	George W. Parsons Colinabeth & Holston
ing ph			11 yes, give wor or dotes at service) \$116-07-6100 Mest Sallie & Parsons Snow Hill, mg
ottending or please re)		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Befween PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Befween Security
that the by the it. The ry even			332 × DUE TO Conditions, if ony, which) (b)
equires n. signed it perm id in at			gove rise to immediate cottse (a), stating the under-lying couse last.
hysicia s been al-trans	-7	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
NN: The nding p com ho se buric or remo		CERTIFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW MURRY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
1YSICIA ar offer certifis se as th ation, a		od	10c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not while factory, street, office bldg., etc.) (County) (State)
ING PP ospital frer this d for u		W	p. m. 19 of work of work 11 of work 12 to 2 = 21 195 Sthat I last saw the deceased 15 195 to 2 = 21 195 Sthat I last saw the deceased
TTEND THE h THE: A detache to burik			alive on 2-2/, 19375, and that death occurred at 55AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
ă și ă	/		ACTUAL John M. Blofen III M.D. MEDICAL CENTER 2-21-193
OSPITAL DERAL JNERAL e 3 shoul registrar		210	PHYSICIAN'S JOHN M. BLOKOM III SALISBURY MARYLAND BYRIAL CREMATION 220. DATE THEREOF / 12C. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City, toyin, or county) (Stole)//
TO HOY may b TO FUN page the re	,	23	MATCOUT COMMENT SULF, 23/57 MATCOUT CELEMATRY SMONTHELD, MG PARTY OF SERVICE ADDRESS OF 249, REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/SS	/	1	lay & Dumis, Smouldill, mg DATE FED 2 4 '50 (200 Lessuch
1381 7733			C





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. TEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY b. COUNTY files. Health, MARYLAND Wicomico Maryland Wicomico b CITY OR TOWN (It autside corporate fim ts. write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mils, write RURAL and give nearest town) Yrs. Salisburv Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE YES NO-Washington St. Washington S delay is retained e State r death. Middle 4. DATE Month DECEASED OF (Type or print) Phillips Sp DEATH Andrew 6 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HPS 5. SEX 6 COLOR OF RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF B RTH with test birthday) Months Doys Hours WIDOWED [DIVORCED | 50 yrs. April 50 0 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF NDLSTRY | 11 BIRTHPLACE (Stole or foreign country) 12. C TIZEN OF WHAT COUNTRY? Page during most of working life, even if retired) U.S.A. Maryland Ass't Mgr. Wholesale Hardware Pages n P.M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zenobia Howard John Phillips olang with form Give Give 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 211-10-8884 Mrs. Eleanor B. Phillips. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BELWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden. Coronary occlusion. IMMEDIATE CAUSE (o) word "pending" in pencil in Ite ef Medicol Examiner's Office ale auld be used as a burial-transit 420.1 DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse fost. PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 NO 📆 20g. EXTERNAL CAUSE WAS
PRIMARY ☐ or CONTRIBUTING ☐
CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in Jry in Part I or Part I) of item 18 } Ch'ef 3 shaut 20c. TIME OF INJURY Month, Day, Year 29d INJURY OCCURRED [20e PLACE OF INJURY (Home, form, +20f (City or fown)] (County) (State) factory, street, office bldg., etc.) Not while at work 🔲 of work 📋 e F p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy ... Inspection 198. Inquiry X and in my opinion death resulted fram: Natural causes K. Accident Suicide | , Homicide | , Undetermined monner worded DIRECTOR DATE SIGNED ACTUAL SIGNATUR CHIEF MEDICAL EXAMINER | ASSISTANT MEDICAL EXAMINER design **EXAMINER'S** should FUNERA DEPUTY MEDICAL EXAMINER TV NAME (Type) Earl L. Royer, M.D. 220. BUR AL CREMATION 22d LOCATION (City, lown, or county) (Slote) REMOVAL (Spec fy) Salisbury, Maryland arsons Cemeterv 0 Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24n, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE A15ME Hill & Johnson Co. Salisbury, Maryland DATE FEB 1 " norman T. Baker

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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02566

Reg. Dist. No

			MU	· ·						8. 01.			
1.	PLACE OF DEATH o. COUNTY	comico		MARYL	AND	o. STATE	DENCE (Whe		lived. If institution b. COUNTY		ce befor		ion)
1	b. CITY OR TOWN (If RURAL and give ne	•	ls, write	5 yrs. 5		. 52	o ili uwot alisbu		ote limits, write R	URAL and 1	jive neo	rest fowr	1)
	d NAME OF HOSPITA	Al (If not in hospitol, grad State F				d STREET A		Church	St.		1		FARM?
	NAME OF DECEASED (Type or print)	fic Mar		Middle R.		Pinkett	1	4. DATE OF DEATH	Mon Febru		21,		Year 19 58
5.	remale	ocolor or race	7. MARRI	ED NEVER MARRIED		8. DATE OF BIRTI			9. AGE (In years lost birthday) 27 yrs.	IF UNDER	1 YEAR Days	IF UNDE	Min.
100	. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b. !	KIND OF BUSINESS OR	INDU		yland	or foreign co	untry)		SA	F WHAT	COUNTRY
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
	James Par	ker				Vi	rginia	a Mill:	S				
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, II	NFORMANT			Add	ress.			
	Ilo		-			Deer's H	ead Ho	spita	l Record	s, Sa	lis.	ur,	, .d.
				• for (a), (b), and (c).]			_				INTE	RVAL BE	TWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o		eriosclero	tic	Uardiov	ascula	r Dis	ease			7	
	Conditions, if on	1213	1. 224	eriosclero:	sis	. renera	1					ç	
	gove rise to immediate couse (a), stating the under-										1		
	lying cause lost.	le auges.)										
NO.	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	1(e) 15	PERFO	AUTOPSY RMED?
S				lity									NO 📭
CERTIF	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enler noture o	if injury in Po	ort I or Porl	fl of item 18)				
MEDICAL CERTIFICATION	20c, TIME OF INJURY Hour a.m. p. m	f Month, Day, Yes	While	JURY OCCURRED 2 Not while at work	Oe, PL for	ACE OF INJURY (I story, street, office	Hame, farm, bldg., etc.)	20f (City	or town)	(0	ounly)		(State)
	21. I certify the	at I attended the	decease	d from Sept.	24	19.51	., toE€	b. 21	<u>, 1958</u>	.,thot I	ast so	w the	deceased
				20, and that c									
		30 11/000	nee						eet, city or lown,	*		D/	ATE SIGNED
	ACTUAL SIGNATURE	Je, Jul	ice	cau.		M.D	Salist	nary ;	Maryland			2/2	21/58
	PHYSICIAN'S NAME (Type)	V. Juerna	ın, r	, D.			Deer's	nead	State 1.	os; it	al		
220	BURIAL, CREMATION		F	22c. NAME OF CEMET	ERY O	R CREMATORY		22d LOCATI	ON (City, tawn,	or county)		(Slot	0)
	Burial	2/26/58		Huston Ce	met	ery	لــــــــا		bury, Md				
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTR		STRAR'S SIC	SNATUR	E	
	J. F. Stewa	art Funeral	Home	. Salisbur	у.	Ma	DATE FE	B27'5	8 180	4			

may be retained by the hospital ar attending physician.

O FUNERAL ICTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be re TO FUNERA VS A15 (4) 15M 9/SS



BUREAU V. E.

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TO DEPUTY MEDICEL EXAMINER: This certificate should be executed within III hours after death. If any delay it pressors, please execute the fiftace, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fund pretar. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refored by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		ME	DICA	L EXAMINER	'S CERTIFIC	ATE O	F DEATH	Reg. Dist. N	.02567	
1,	PLACE OF DEATH	man and the second	2. USUAL RESIDEN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)						
	o. COUNTY Wicomico MARY			MARYLAN	D O. STATE	Maryland b. COUNTY Wicomico				
	b, CITY OR TOWN I't outside corporate limits, write RURAL			c. LENGTH OF STAY IN 1		c. CITY OR TOWN (II auts'de corporate limits, write RURAL and give neorest town)				
	ond give necest fowe) Salisbury			X Pı	X Rural Salisbury					
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d, STREET ADDRESS e IS RESIDENCE					
	R F D # L Johnson Rd.					ON A FARM? YES NO				
3	NAME OF	4. JOIMS		Middle	Lost	4 DATE	Mont	th Day		
	DECEASED (Type or print)	-		A	- :	OF		tn Day	40	
	SEX	JOSED		D NEVER MARRIED 🕅	Ranker B. DATE OF BIRTH		9. AGE (1) years	IF UNDER TYEAR	19 58 TIF UNDER 24 HPS	
	3.6	7.7	WIDOWED	396	2 22 200	3 -	last berthday)	Months Days	Hours M n	
10.	M OCCUBATION	W W			T-T/-T00	35	73 yn	10 000000		
100	during mast af workin	g life, even if retired)	_	IND OF BUSINESS OR INDI	DSIKT III. BIRTHPLACE (Store or toreign	n country)	IZ. CITIZEN C	F WHAT COUNTRY?	
				akery		Germany			A	
13.	FATHER'S NAME									
_	Unknown									
15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yos. no. or unknown) (If yos. give wor or dates of service)						1				
	- * 112-05-8025 Mrs. Nellie Honer, R F D # # Salisbu									
NOI	PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion— Conditions, if any, which gave rise to immediate couse (a), stating the underlying PART II. OTHER S.GN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED?									
L CERTIFICATION										
MEDICAL	Haur a.m.	RY Manth, Doy, Yea	While	NJURY OCCURRED 20e. P Not white k at work	PLACE OF INJURY (Home, octory, street, office bldg.	lorm, 201 (C	ity or fown)	(County)	(Slo*e)	
	opinion death ACTUAL SIGNATURE	resulted from 1	Notural c	emains described al auses XI. Acciden	CHIEF MEDIC	Homicic	D NER D	ermined mann	ond in my er DATE SIGNED	
23.	BURIAL CREMATIC REMOVAL (Specify)			M.D. M.D. M.Comico Deress Light Andrews M. Comico	ME-MORIAL PARK	ZZZZ LOC REC'D BY REG	ATION (City, lawn, LISBURY	2-11-58 or county) ISTEAR'S SIGNATU	(Stole) Md.	
_					DAT	ELTDO	The true	- educk		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	; 2578 CERTIFICATE OF DEATH Reg. Dist. No. 11257
	1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Maryland Wicomico
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
30	d. NAME OF HOSPITAL (If not in hospital, give street address) or institution e. IS RESIDENCE ON A FARM?
0	Peninsula General Hospital YES No S. NAME OF DECEASED First Middle Lost 4. DATE Month Day Your
1	(Type of print) GEORGE BENJAMIN RIGGIN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your) IF UNDER 1 YEAR IF UNDER 24 HI
- /	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthdoy) Months Days Hours Min 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY
	during most of working life, even if retired) Ret. Salesman Wholesale Meats Maryland U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
	Jacob W. Riggin Martha Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	No 1 1/16 yes, give wor or dates of service) 215-20-1636Harris Riggin, Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate out to DUE TO Couse (a), stating the under DUE TO
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO {
	OR CONTRIBUTING CLOSE OF DEATH 200. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Port I of Item 18.) CITY OF THE PORT II OF ITEM 18.) CITY OF THE PORT II OF ITEM 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. Phone of work of
	21. I certify that I attended the deceased from 2/20, 1958, to 2-24, 1958, that I last saw the deceased alive an 2-24, 1958, and that death accurred at 2:30PM, from the causes and on the date stated about
1	ACTUAL SIGNATURE (1) LLLL Q-Ellip . And. Salisbury, Maryland 2/25/58
	PHYSICIAN'S WILLER R. ELLIS JR. Medical Center Salisbury, Marylan
rh	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) Burial 2/26/58 Parsonsburg Cemetery Parsonsburg, Paryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REC'D BY REGISTRAR FEB 2 8 '58 DATE ADDRESS ADDRESS ADDRESS DATE ADDRESS AD
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE
HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is receisory, please execute the executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained a your files to FUNERAL SIRECTOR: Page 3 should be used as a berial-transis permit. File pages 1 and 2 with the State Board of Health, or removel, and in any exert within 72 hours after death.

¥\$, A15ME \$M 2/57

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTI	MORE, 18				
	- MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1257)						
	<u>.</u> .	2530	Reg. Dist. No.				
•	1, 6	a COUNTY	tived If institution: Residence before admission)				
		WICOUITGO WARTAND PLAT Y TATIO	b. COUNTY Wicomico				
	b,	and give negreti town)	ate limits, write RURAL and give nearest town)				
r. P		Salisbury					
			cello Ave				
	E	3. NAME OF DECEASED (Type or print) RICHARD LE ROY ROUSE OF DEATH	FEBRUARY 9th 958				
	5. S	34	AGE (In your IF UNDER 1YEAR IF UNDER 24 HR' [and bighday] Months Days Hours Min.				
)** yrs				
	d	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign counduring most of working life, even if retired)					
1	Pn	Photographer (Operated Photography Store) Scottsblu	ff, Nebraska USA				
1	13.	13. FATHER'S NAME					
7		Owens Jennings Rouse Dorma Belle F					
	10. [Yes,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT NO. 17 INFORMANT NO. 17 INFORMANT NO. 18 P.	e(Wîfe)223 Monticello				
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)]	NTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY: Coronary occlusion	Sudden.				
	Ш	40.1 DUE TO					
		Canditions, if any, which (b)					
	П	(a), stating the underlying DUE TO					
	2	To be a second s	ONDIT ON GIVEN IN PART IGNITE WAS AUTOPSY				
ą	CATION		PERFORMED? YES NO X				
	5	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of					
	CERTIF	206. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part I or Port II of CAUSE OF DEATH.					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or loclory, street, office bldg., etc.)	town) (County) (Slate)				
	MED	Hour o, m. White Not white of work at work					
		21. I certify that I took charge of the remains described above, held an Autopsy [], Insp	pection I Inquiry X, and in my				
		opinion death resulted from. Natural causes 👽, Accident 🔲, Suicide 🔲, Hamicide 🗍	. Undetermined monner				
		0. D	DATE SIGNED				
		ACTUAL SIGNATURE MD CHIEF MEDICAL EXAMINER	*****				
		ASSISTANT MEDICAL EXAMINER [Feb. 11 1958				
		EXAMINER'S Dr. Earl L. Royer DEPUTY MEDICAL EXAMINER P					
	720	PEACOVAL (Spacely)	sbury, Maryland				
	23		BOULY MALATATOR				
	L	HOLLOWAY & COMPANY - SALISBURY, MARYLAND PAR	VCC. educa				
		The second of th	Angeline and the state of the s				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1		MARYLAND STATE DEPART	
* ea /		: 2582 CERTIFIC	CATE OF DEATH Reg. Dist. No. 02573
d directly age		1. PLACE OF DEATH G. COUNTY Wicomico MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wicomido
deorn uneral id be		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Salisbury 3 Hrs.	
he f	^	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Peninsula General Hospital	d. STREET ADDRESS 617 Light St., 6. IS RESIDENCE ON A FARM? YES NO PO
Filled in		3 NAME OF First Middle (Type or print) EMNA	SCOTT 4. DATE Month Doy Yeor SCOTT DEATH 2. 17 1958
oletely s. Pog		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED F Female White widowed □ DIVORCED □	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
axecure nd comp on paper death.		10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) Sales Lady Wallpaper	
sicion al		J. James Scott, Sr.	Mary Richardson
ing phy		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Feb. no. or unknown) 16 yes, give wor or dates of service) 220-09-1350	Howard Richardson, Salisbury, Laryland
the offending Then please re		18. CAUSE OF DEATH (Enter only one couse per lime (or (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ery edema INTERVAL BETWEEN ONSET AND DEATH
squires mo signed by permit. d in any e		Conditions, if any, which gave rise to immediate cause (a), stating the under-	ine Heart Disease 10 yrs
physicion os been iol-transi			BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \)
tending ificate h the bur the crear		(IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
rn 1346 this cert r use os remotion		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Maur a. jr. While Nat while at work at work at work	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
y the hosping. TOR: After detached fo to buriol, cr		CVAL TAX	th occurred at 5 : 10A M, from the causes and on the date stated above ADDRESS (Street, city or lawn, state) DATE SIGNE
or prior		PHYSICIAN'S NAME (Typo) Dr. Alberta Mattax 711 Car	_M.D. Salisbury, Maryland 2/18/58
VERA VERA 3 sho	<u> </u>	NAME (Type) Dr. Alberta Mattax 711 Car 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	
DE O O O O O O O O O O O O O O O O O O O		Rurial 2/19/58 Parsons Co	emetery Salisbury, Maryland
VS A15 (4) 15M 9/55	H	23. FUNERAL DIRECTOR'S SIGNATURE H ill & Johnson Co. Salisbury, A.	ryland DATE THE 4 38 24 REGISTRAR'S SIGNATURE
		norman t. Baker	

BURKAU V. E.

FEB 24 1958

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be reflected by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within/27 hours after death. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2584 CÉRTIFICATE OF DEATH 02575

	Reg. Dist. No.
1. PLACE OF DEATH COUNTY WICOMICO MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Pen. Gen. Hospital	d street address In Town on a farm? yes \(\sum \text{NO} \sum \text{NO} \)
3. NAME OF DECEASED (Type or print) THEODORS THOMAS	SMITH 4. DATE Month Doy Year SMITH FEBRUARY 14th 19 58
6. COLOR OR RACE 7 MARRIED NEVER MARRIED Whate WIDOWED M DIVORCED	B. DATE OF BIRTH March 1,1886 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPAT ON [Give kind of work dane during most of working life, even if retired] Carpenter House Builder	Siloam, Maryland USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Albert F. Smith	Mary Elizabeth Hilghman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 year or dates of service) NO NO	Alan D. Smith(Son) Fruitland, Maryland
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Port II of Item 18)
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 at work at work 19 at work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, affice bildg., etc.)
21. I certify that I attended the deceased from alive on 2-14, 1958, and that death	n occurred at 5.30 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D.
PHYSICIAN'S Dr. Wilber R. Ellis Jr	Medical Center Salisbury, Md. Feb. 14458
	metery Salisbury, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY - SALISBURY MA	RYLAND DATE 18 246 REGISTRAR'S SIGNATURE

E A GYRYRA

81 41.

TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2585 CERTIFICATE OF DEATH

02578 Pag Dist No

∖ I=		Keg. Dist. 140.	
Y	PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico	
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION LNINSULA GENERAL HOSPITAL	, d. STREET ADDRESS R.D.# 2 Jersey Road e. 15 RESIDENT ON A FARM YES NO	W?
3	NAME OF First PEARL S/	NULLEN DEATH FEBRUARY 12, 195	8.
	SEX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 DIVORCED 1	Jan. 14, 1000 /0 yrs. 0 20	HRS in.
	Oo. USUAL OCCUPATION (Give kind of work done of the lower	Salisbury, Maryland USA	NTRY?
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
	Charles Guthrie	Elizabeth Farlow	
	S WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes, no. or unknown) (If yes, give war as dates of service) NO	r.Purnell Smullen(HusbandOR.D.# 2 Jersey Road Salisbury, Maryland	
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Occlusion Interval Betwee	N TH
	Canditions, if ony, which gove rise to immediate cotise (a), stoling the under-	The heart diserve years	
Ι,	lying couse lost. (c)		
ACITA CENTRAL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPERFORMED YES NO	17
		D (Enter nature of injury in Port I or Port II of item 18.)	
AAEDICAI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PL While 50e work 50e of wo	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Story, street, office bldg., etc.)	tote)
	(0,0)	accurred at 12 A. M., from the causes and an the date stated at ADDRESS (Street, city or lown, stote) DATE SI	bave.
	PHYSICIAN'S Dr. Earl L. Royer	M.D. Clondon Ana Califabara 252	 !
=		Camden Ave. Salisbury, Md. Feb. /3	/5
2	26. BURIAL, CREMATION, 25. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL (Specify) Feb. 15, 1958 Parsons Co	(state)	
da.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
F	HOLLOWAY & COMPANY - SALISBURY MAN	RYLAND DATE BY	

POWERN K. B.

8967

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



X' 77.

	CERTIFICA	TIE OF DEAT	П	Reg. Dist. No.
PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (V	Vhere deceased lived. If institution	n: Residence before admission)
- Vicomico	MARYLAND	o. STATE Mary man	P. COUNTY	,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		f outside corporate limits, write RU	RAL and give nearest town)
lalitabury	1 Month	Cristie	7d '	,
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
<u>Saringhill Saniteriu</u>	1	E. Chesa	peake Ave. Ext.	YES NO
NAME OF First DECEASED	Middle	Last	4 DATE Mante	Day Year
(Type or print) Trs. Cornelia	B. S	terling	DEATH Reb.	13, 19 58
SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HR
Female White WIDOV		##### 4-7	-1878 7969 ym	Months Days Haurs Min.
a. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	e or foreign country)	12. CITIZEN OF WHAT COUNT
	Own home	Crisfiel	d, Maryland	U. S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John Betts		Mary Ann	Bethard	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (et. no. or unknown) 4 (ff yes, give wer or dates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	· Addre	"4210 Md. Place
No	None Mr	s. Florence	Turner, Baltimor	e, Maryland
18. CAUSE OF DEATH [Enter only one couse per	line for (c), (b), and (c),			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(srman	- This	melosis	ONSET AND DEATH
Charles I DUE TO		11		
Conditions, if ony, which)				
gove rise to immediate				
couse (c), sloting the under.				
, 10	CONTRIBUTING TO DEATH BUT	NOT BELLICO TO THE TEN	Ultima Cuffict Committees Chic	
TAIL II. OTHER SIGNIFICANT CONDITIONS	D 1 3 7	NOT RELATED TO THE TEXT	AINAL DISEASE CONDITION GIVE	PERFORMED?
gours	and are	ers acc	way	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CRUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury ii	Part I or Part II of item 18.)	
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (Stote
Hour a. jr. While p. m. 19 of we		tory, street, office bldg., e	ic.]	1
			13 60	
21. I certify that I attended the decea	~		3-13-58 19	that I last saw the decea
alive on12	and that death	occurred at Q	. A.M., fram the causes an	d on the date stated abo
ACTUAL	X	0	ADDRESS (Street, city or town, si	ote) DATE SIGI
SIGNATURE CAST	-herry	M.D. \	les fue n	10 2-14
PHYSICIAN'S Dr. Philip A.	Insley			•
o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, lown, or	county) (State)
Burial 2-16-58	Sunnyridge C	emeterv	Crisfield, Mar	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REGIST	
Bradshaw & Sons, Crisfi	ield. Maryland	PATE		1 . 1
		PAIC	11 %	/ h

may be retained the haspital or attending physician.

TO FUNERAL TOR: After this certificate has been signed by the attending physician and campletely filled in the forestor, page 3 shaulthe stacked for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 7245000, after death. ATTINDING EXPLICENT The law requires that the death certificate Le executed within The haurs after death Page TO HOIPITAL OF

VS A15 (4) 15M 9/55

8 18 1828

BUREAU V.

T

112579 Reg. Dist. No.

	PLACE OF DEATH O COUNTY	Wicomic	0	MARYLAND	2 USUAL RESID	ence (where	deceased live	d. If institution b. COUNTY	Wicomi		1
	b CITY OR TOWN (IF or RURAL and give neare	itside corporote limits, st town 11sbu	ry c. LENGT	H OF STAY IN 16		own (If outsi allsbu		imits, write RU	RAL and give ne	arest town)	
Sį	d. NAME OF HOSPITAL OF THE HILL	(If not in hospital, givi	e street oddress)	r1um	d STREET AL		olar H	[1]] A	ve.	ON A FA	RM2
3	NAME OF DECEASED (Type or print)	MARY		Middle M	STOCK		DATE OF DEATH	FEB.	25tì		
	Female		VIDOWED 🙀	DIYORCED 📋	Dec.19	,1872	85	BH yrs.	M2 Ihs Boys		Min,
		(Give kind of work do life, even if retired) Chool Te	_	usiness or indi Teachin	g Ban	gor, V	Viscon		12. CITIZEN C	S A	UNTRY?
13.	Adolph St	ockwell			14. MOTHER'S Unk	MAIDEN NAM	AE .				
15 17#	WAS DECEASED EVER IN	U S ARMED FORCE es, gave was or dates of serv		CURITY NO	informant Ir. Herbe: Road	rt S.S.	Stockw sh Pla	rell(S	ön)2369 New Jei	Redi	poor
CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating the lying cause last	ediote under: Due TO (c)_ SIGNIFICANT CONDI JNDERLYING CAUSE OF DEATH			len attended to the second to	THETERMINA		ote NOITION GIVE	dian 2	Yea-	Jean Popsy
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeor	20d. INJURY OCC	while f	PLACE OF INJURY (Foctory, street, office	iome, form, bldg., etc.)	20f (City or to	own)	(County)		(Stote)
	21. I certify that alive on	2 23			M.D.	30A	DRESS (Street,	e causes as	tole)	te stated DATE	
220	BURIAL, CREMATION, REMOVAL (SPICEY)	Feb. 28, 1		ne of CEMETERY	or crematory Cemetery		_	(City, town, or	county) nnsylva	(Stole) an1a	
	FUNERAL DIRECTOR'S S	COMPANY	- SALIS		ARYLAND	24c. REC'D 8 DATEEB 2	8 158	o and	irar's signatu educen	RE	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be relocity by the hospital or altending physicion.

D. FUNERALL SCTOR: After this certificate has been signed by the attending physician and camplelely filled in page 3 should be detached for use as the burial-transity permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL O

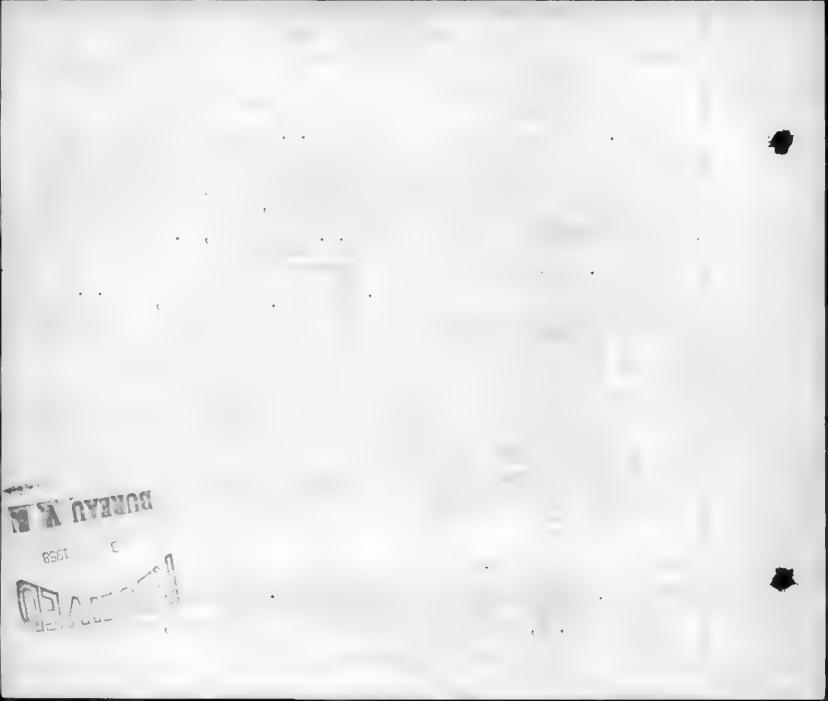
VS A1S (4) 15M 9/S5

A SY UABAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death: Page

02580



may be reta

VS A15 (4) 15/4 II/55

02581

	E DEPAKTMENT	OF REALINA	١
2588			
6000	CERTIFICATE	OF DEATH	
	OEKINI IÇATE	OI DEATH	

Reg. Dist. No.

	1. [PLACE OF DEATH / ; ;	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)			
		Wicomico MARYLAND	a. STATE Maryland b. COUNTY Wish mier			
	- 1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)			
		Sq. 1800 rg 3 days	12.5al/sburg			
		d. NAME OF HOSPITAL (If red in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
		PENINSUMA Heneral 7/0501141	4018, 1 + 5 abella St. YES NO NO			
	3.	NAME OF DECEASED (Type or print) 65+	Lost 4. DATE Month Day Year OF THE DEATH TE DE MARCH 28 1958			
	5. 5		I FURE FOR IN SOUTH			
	1	10/- White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years PUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.			
	100	USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU				
	1	during most of working life, even if retired) WHER Y-DRERATOR POWER Y-LIGHT C	6. VIRGINIA ZIS.A.			
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
		CLARENCE TRADER	JEANETTE BALL			
	15.		INFORMANT Address			
	1100	NO 218-07-04517	IRS DOROTHY M. TRADER STOCKTON MD.			
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	MEMORO ILAGE INTERVAL BETWEEN ONSET AND, DEATH			
		PART I. DEATH WAS CAUSED BY: CEREERAL	HEMORRHAGE ONSET AND DEATH			
		DUE TO				
		Conditions, if any, which) to HYPERTENSIC	IN AND ATHEROSCIEROTC			
			SCU-AR DISEASE, IJMA			
		lying cause tost. (c)	1000			
1.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
2 3	CA		YES NO			
	ERTIF	OR CONTRIBUTING LI CAUSE OF DEATH L	D. (Enter nature of injury in Part I or Part II of item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	Hour a.m. fwhile Netwhile fo	ACE OF INJURY (Home, farm, 20f. (City or lown) (Caunty) (State) clary, street, affice bldg., etc.)			
	ME	p. m. 19 of work at wark	, ,			
		21. I certify that I attended the deceased fram have	1957, to 2 2/28/, 1958, that I last saw the deceased			
		alive an $\frac{2/28}{1998}$, and that death				
		Mont	ADDRESS (Street, city or lown, state) DATE SIGNED			
		ACTUAL SIGNATURE	M.D			
		PHYSICIAN'S				
		NAME (Typo)				
	22 ₀	BURIAL, CREMATION, 22b. DATE THEREOF TO NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)			
	-/	BURIAL IN INSKLING / RAD	ERCEMISTOCKTON MD.			
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			
3	1	sensy tu alon, locomme	DATE SPENA STO / P.A.			

BUALLAU V. S.

MAJES 23

ADDRESS

SALISBURY MARYLAND

Feb. 22.1958

23 FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

TO FUNERA

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) e. IS RESIDENCE ON A FARMIN YES NO 19th 19 58 FEBRUARY IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? S Turner (Wife) 808 N. Division X bury, Maryland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 📋 NO 🕅 (County) (State) that I last saw the deceased from the causes and on the date stated above. Feb 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Salisbury, Maryland Parsons Cemetery

240 REC'D BY REGISTRAR

FFB 2 4 156

246 REGISTRARIS SIGNATURE

RUBEAU V. E.

1 88 1958 1

BECEIVED

	CERTIFICATE OF DEATH Reg. Dist. No.						
1.	PLACE OF DEATH o. COUNTY Wickmarco	MARYLAND	2. USUAL RESIDENCE (What a STATE)	b. COUNTY	ion: Residence before admission) Worcesfor		
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		RURAL and give nearest town)		
-	Sah Sbut 4 d NAME OF HOSPITAL (If not in hospital, give street	address	d. STREET ADDRESS	W	e. 15 RESIDENCE		
L	CANSULA Heneral	Hospital	WILLIA	45.	ON A FARM? YES NO		
3	NAME OF First DECEASED	Middle	Last	4. DATE Mo	2000		
5	(Type or print) FT - L SEX 6. COLOR OR RACE 7. MAR!	S';	B DATE OF BIRTH	9. AGE III years	IFUNDER 1 YEAR IF UNDER 24 HRS.		
	Female White WIDOW	3 -	OCT: 29,19	ast birthday)	Manths Days Haurs Min.		
10	p. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLACE [Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	PERATOR 3	HIRT FACTOR	14. MOTHER'S MAIDEN N	RIC /ID	0.57.		
L	HARRY BRADFO	RO	LOTTI	e JACKSO) N		
	WAS DECEASED EVER IN U. 5. ARMED FORCES?	SOCIAL SECURITY NO. 17. 1	NFORMANT IR CHARLES	0.	S. BERLINN		
	1B CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	far (a), (b), and (c)-]	Nt.	0 . 1	INTERVAL BETWEEN		
П	IMMEDIATE CAUSE (o)	erebrai	anerose	Keroses, XII	were- Unkam		
	Conditions, if any, which)						
	gave rise to immediate octse (a), stating the under-						
	lying couse last. (c)	CONTRIBUTING TO DEATH BUT	NOVRELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PARPYTION TO WAS AUTOPSY		
CATIO	Hospertensire Hear	Disease;	Vituita	reflect	PERFORMED?		
L CERTIFICATI	206, DEST WAS UNDERLYING TO 206, DEST	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port for Part of ilem 18.)	1		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d I Haur o. m. 19 While p. m. 19	Nat while	ACE OF INJURY (Hame, form, tory, street, office bldg., etc.	20f. (City or town)	(County) (State)		
	21. I certify that I attended the deceas	ed from.	, 19, to	, 19	,that I last saw the decease		
	alive on	and that death		ZM, from the opuses of ADDRESS (Street, city or town,	and on the date stated above		
	ACTUAL SIGNATURE SIGNATURE	eleur	M.D. Sale	ebury that	2-/28/50		
	PHYSICIAN'S NAME (Type)			<i>J'</i>	, ,		
22	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3 3 5 8	22c. NAME OF CEMETERY OF EVER 6.	R CREMATORY	22d. LOCATION (City, town,			
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	-	ISTRAR'S SIGNATURE		
	110000000000000000000000000000000000000	~ (DATE	5 '58 D A	. /		

TO HOSPITAL TO FUNERAL VS A15 (4) 15M 9/55

A.V. U.S.

°8361 2 °E

ALA EL

FOR STATE **MEALTH DEPT.**

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rector, Please rector, Page r your files. Board of Health, TO DEPUTY ALEJICAL EXEMBLER: This certified should be executed within 24 hours ofter denth. If any delay is necess execute the "Historie, writing the ward "penaling" in penality (frem 18. Give lages 1, 2, and 3 to the face at should be converded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State Goard or its designated agent, prior to burial, comation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03968

1			full	Reg. Dist. No.						
1.	PLACE OF DEATH	26		2. USUAL RESIDENCE (Where deceased I ved iff institution: Residence before admission)						
	a COUNT	Wicomico	MARYLAND	o STATE Vir	ginia	P COUNTY A	ccomac			
	and nive nemiest found	outside corporate bei is, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	t (If outs de corporal	e limits, write RURAL	and give neares	l lown)		
C	Rural)	Salisbury		Chi:	ncoteagu	le 💉	4			
	d. NAME OF HOSPIT	Robin Ave.	hospital, give street address)	d STREET ADDRES		St		ON A FARMA		
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Doy	Year		
	(Type or print)	GEORGE	HARTWELL	WATSON	DEATH	Februar	y 25	19 58		
5.	SEX	6. COLOR OF RACE 7 MA	RRIED NEVER MARRIED B.		a lo	Managaran .	-	NDER 24 HRE		
	Male	White wido	WED DIVORCED	July 29,1	906 5	1 yrs Months	28 How	rs Min.		
10	usual occupation during most of working Carpente	ig life, even if refired)	b KIND OF BUSINESS OR INDUST 11der)		eague, V	**	U S	AT COUNTRY		
13	FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			oter w		
	George 1	D. Watson		Elizabe	th Clayv	ille				
15	Yes	ER IN U. S. ARMED FORCES? [If you give war or do en of service] W. W. #	16. SOCIAL SECURITY NO. Mr	Jes Jes		herdrin_L		Clark		
	18. CAUSE OF DEA	TH [Enter only and couse per l	ine for (o), (b), and (c) }	- : : : : : : : : : : : : : : : : : : :				TWEEN		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary occ	lusion			INTERVAL ES ONSET AND SUD	den		
1	420.1	DUE TO								
	Conditions, If a	ny, which) (b)								
	gove rise to imme	diote cause	177376							
	couse fort,	(c)								
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION G.VEN IN	ART 1(a) 19, W/PEF	REORMED?		
	200. EXTERNAL CAL PRIMARY [] or CO CAUSE OF DEATH.	USE WAS NYRIBUTING 20b. DESC	RIBE HOW INJURY OCCURRED (E	nter nature of injury in	Port I or Part II of it	em 18)				
MEDICAL	Hour e, m,	· · · · · · · · · · · · · · · · · · ·	od INJURY OCCURRED 20e PLAI /hile Not while t work at work	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City or t	awn) (County)	(State)		
	21. I certify th	not I took charge of th	e remains described abo	ve, held on Auto	psy . inspe	ection X Inq	eiry X.	and in my		
	opinion death	resulted from: Noture	ol causes 🛅 , Accident [. Suicide .	Homicide [, Undetermined	monner	ר ו		
		1 0-			-			-		
	ACTUAL SIGNATURE	and L	N L	M.D. CHIEF MEDICAL	_		27	TE SIGNED		
	EXAMINER'S DI		at any training	DEPUTY MEDIC	DICAL EXAMINER []	reb.		958		
22	REMOVAL (Specify	Peb.28,58	Downing Cem		Oak H	all, Virg	n (s ginia	itofe)		
23	FUNERAL DIRECTOR	1 V A	ADDRESS		EC'D BY REGISTRAR	246 REGISTRAR'S	SIGNATURE			
1/	11181 augs	Budgles Chi	Incotergue. Va	DATE	MAR 2 6 '58	1 Charles				



BUREAU V. K.

2501 CERTIFICATE OF DEATH

Re	nd.	Die	ŧ.	No

. ~:	OST CEKHEIC	AIE OF DEATH	Rec	g. Dist. No.					
1. PLACE OF DEATH . a. COUNTY WICOMICO	MARYLAND	2 USUAL RESIDENCE (Where de o. STATE Marylan	1 44 4	esidence before admission) COMICO					
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	'	and give nearest town)					
d. NAME OF HOSPITAL (If get in hospital, give street or INSTITUTION	ral Hospital	STREET ADDRESS 210 Nay	lor St	e. IS RESIDENCE ON A FARM? YES NO 🔀					
3. NAME OF DECEASED (Type or print)	Middle F	VE/15 18	ATE Month FEATH 105.740	Day Year QCY // 1958					
temale white WIDOW		8. DATE OF BIRTH May 29,1881	70 yrs	NDF 1 YEAR IF UNDER 24 HRS. nthir Doys Hours Min.					
	at Home	Delmar, Dela		2. CITIZEN OF WHAT COUNTRYS					
Joseph Davis		14. MOTHER'S MAIDEN NAME	Benson						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or ynthrown) [If yes, give wor or dofes of service]		ss Florence W Fayette St	ells(Daughto Baltimore	er)1401 W. Maryland					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IQUETO	ine far (a), (b), and (c).]	Heronbo-	F-15	INTERVAL BETWEEN					
Conditions, if ony, which gave rise to immediate case (a), stating the under-lying cause last.	/			ь					
PART 11. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	contributing to death But	HOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO X					
	CRIBE HOW INJURY OCCURRE	Official nature of injury in Port I of	or Port II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. While of wo	Not while fo	ACE OF INJURY (Home, form, 20fictory, street, office bldg., etc.)	. (City or town)	(County) (State)					
21. I certify that last saw the deceased from 1950, to 1950, to 1950, that I last saw the deceased alive an 1950, and that death accurred at 1950 M, from the causes and an the date stated above. ACTUAL SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D									
LANUE (1Abe)	ardsley/	Maryland Ave							
Peb.14,195			.D.# Delmar	Delaware					
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY -	SALISBURY MA	RYLAND DATE	a 30 11 6 '	STEPATURE					

TO HOSPITAL OR ATTENDING ITYSICIAN: The flow equires that the death certified be executed within 11 hears often death. Page 12 may be retained by the haspital or attending physician.

TO FUNERAL ACTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a could be filled with the registrar prior to burial, cremation, at removal, and in any event within 72 hays-efter death.

VS A1S (4) 15M 9/SS

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FEB 6 1958

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VS. A15ME

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Reg. Dist. No.

1. PLACE OF DEATH	Wicomico '	5093	MARYLAI				yland	b. COUNT	~ *		fore admi	
b. CITY OR TOWN and give nearest to	(if outside corporate limits, write own Salisbury	RURAL C.	LENGTH OF STAY IN	16			outside corp 1sbur	orote limits, write Y	RURAL of	nd give n	earest to	wn)
	Pen. Gen.	f nat in haspital,			d. STREET ADD	RESS 113	Wash	ington	St		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle JAMES		YOUNG		4. DATE OF DEATH	Feb.	_	5th		9 58
s. sex Male			NEVER MARRIED			.18		9. AGE (In years last birthdoy! 72 yrs.		R 1 YEAR Days	y	ER 24 HRS Min.
loo. USUAL OCCUPA	ATION (Give kind of work rking life, even if refired)			Plar	11. BIRTHPLACE	(Stote	or foreign co			TIZEN O	S A	COUNTRY
John Yo				100				Smith				
	EVER IN U. S. ARMED FO		IAL SECURITY NO.	Mr.	restor Schuma	n L ker	You Lane	ng (Sốn	R.D.	# y , Ma	5 aryl	and
Conditions, if gove rise to im (a), stating the cause lost.	mediote couse DUE TO	Fra	ctured co							,		rs.
SEA.	OTHER SIGNIFICANT CON	BITIONS CONTI	IBUTING TO DEATH B	UINOI	KELATED TO TH	E IERMI	INAL DISEASI	CONDITION G	VEN IN PA		PERFO	NO X
200. EXTERNAL PRIMARY DOT CAUSE OF DEAT 200. TIME OF IN 5104 50.	CONTRIBUTING	Ridi	PY OCCUPPED 200	PLACE C	caugh	t w	heel	in aut	(C	aunty)	r. mico	(State) Md
21. I certify	that I took charge th resulted fram:				Suicide [],	Homicide	D, Undet			er 🔲	nd in my
EXAMINER'S NAME (Type)	Dr. Earl I		NAME OF CEMETER)		ASSISTANT DEPUTY ME	MEDIC	CAMINER AL EXAMINE EXAMINER 1 22d LOCA	re	brua		27 (Stot	195
REMOVAL (Special Buria	city) - 1		Wicomico		morial		rk -	Salisb	ury,	Mag	ryla	
23. FUNERAL DIRECT			ADDRESS		24	o. REC	PBY REGIST	SAF 246 PEG	STRAP'S	IGNAW	RE	
HOLLOWAY	& COMPAN	- SAI	LISBURY M	ARY	LAND D	ATE						

BUREAU V. EEB 58 1828

MAJO NO STATEMENT & PRINTING OF DEATH